



Governance, Management and Record Keeping Policy

National Quality Standards:

Area 7 - Governance and leadership

Standard 7.1 - Governance

Elements:

7.1.2: Management systems

Systems are in place to manage risk and enable the effective management and operation of a quality service.

Standard 7.2 - Leadership

7.2.1: Continuous improvement

There is an effective self-assessment and quality improvement process in place.

Children (Education and Care Services) National Regulations (2011 SI 653):

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| Reg. 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| Reg. 168 | Education and care service must have policies and procedures |
| Reg. 171 | Policies and procedures to be kept available |
| s 172 | Notification of change to policies and procedures |
| Reg. 173 | Prescribed information to be displayed |
| Reg. 177 | Prescribed enrolment and other documents to be kept by approved provider |

Related Policies:

- Complaints
- Enrolment

Policy Statement:

Adventure OSHC aims to provide a high-quality education and care Service that operates according to all legal requirements and recognised best practice in Service management. We will ensure there are appropriate governance arrangements in place at all times. There will be an ongoing process of review and evaluation and all relevant information will be readily available to stakeholders.

For the purpose of Regulations, the Management Committee is the Approved Provider. The Management Committee as the Approved Provider will ensure that all aspects of



governance and management are clearly articulated and complement the Service Philosophy. The Management Committee as Approved Provider will ensure that copies of the current policies and procedures required under [Regulation 168](#) are available for inspection at the service at all times in accordance with [Regulation 171](#).

Purpose:

To ensure all individuals who work within the company are aware of the responsibilities around governance, management and record keeping.

Scope:

This policy is relevant to Educators, staff and management.

Implementation:

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 staff. Nominating appropriate Nominated Supervisors and ensuring a Responsible Person is always available on shift. 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 committee members, staff, members, or volunteers



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
- 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

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 Quality Improvement Plan 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 Management Committee as Approved Provider will ratify the Philosophy and the policies. The Approved Provider can only alter policies 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, the Management Committee will conduct a budget planning meeting each year as part of its annual business planning. The details of budgeting and fee setting are set out under the Fee Policy.
- Financial reporting, including an income and expenditure statement and balance sheet will be presented to the Management Committee on a regular basis and the opportunity provided to ask questions or seek further advice from any Management Committee member.

Facilities and Environment:

- The Management Committee 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, the Management Committee 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 the Management committee 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 be 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. The Management Committee will ensure that the evaluation involves all stakeholders, especially families, children and Educators.
- The development of a 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 QIP and discussed at meetings of the Management Committee.

Confidentiality:



- All members of the Management Committee 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 committee members, 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)
- Family Assistance Office (FAO)
- Department for Education, Employment and Workplace Relations (DEEWR)
- In the event of ceasing to operate, the Service Management Committee 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 available to all members of the Management Committee. 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 the Management Committee on any Work, Health and Safety issues as they arise.
- All committee members will be provided with information to assist them in meeting their obligations under the legislation.



Sources:

- Education and Care Services National Regulations (2011 SI 653)
- National Quality Standards

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