

Governance and Management Policy

Quality Area 7: Governance and Leadership

Standard 7.1: Governance supports the operation of a quality service

Standard 7.2: Effective leadership builds and promotes a positive organisational culture and professional learning community.

POLICY STATEMENT

Arabanoo's governance system provides direction, supervision, and accountability to run a quality and effective Service.

This Policy outlines the roles and responsibilities of the Parent Management Committee (PMC) as the Approved Provider, and the Nominated Supervisor. This Policy also outlines Arabanoo's governance structure.

RATIONALE

This Policy describes Arabanoo's governance and management model, in line with laws and regulations, our policies and our QIP. Legal and financial requirements are complied with and implemented under the relevant governance practices outlined in this Policy.

CONSIDERATIONS:

Education and Care Services National Law & Regulations	National Quality Standard	Service policies/documentation	Other
Education and Care Services National Regulations: 73, 74, 103, 168, 171, 172, 173, 177, 181, 183 to 185	4.1, 4.2 7.1, 7.1.2, 7.1.3, 7.2, 7.2.1, 7.2.2, 7.2.3	Constitution Service Philosophy Quality Improvement Plan Family Handbook Staff Handbook Fee Policy Confidentiality Policy	<ul style="list-style-type: none">• Child Care Service Handbook (DoE)• Work, Health and Safety Act (2011) (NSW)• Child Care Subsidy Minister's Rules 2017 (Cth)• Associations Incorporations Act 2009 (NSW)• Australian Charities and Not-For-Profit Commission Act 2012 (Cth)

ENDORSEMENT BY THE SERVICE:

Approval date: Sept 2024

Date for Review: Sept 2026

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Policy History

Version 1.0

December 2005, May 2006, March 2007, May 2007, February 2009, August 2010, May 2011, March 2012.

Version 2.0

Overhaul of policies following regulatory changes in 2012. Drafted from the Network template and using the Current Arabanoo Policy Handbook by Sarah Evans. Reviewed by Leila Riffi, May 2013.

Version	Date reviewed	Who by	Area changed	Changes made	Authorisation
3.0	26 April 2019	Kate Sellick, Holly O'Driscoll, Lucy Nowland and Rowan Friend	Split Policy form Procedure Standards	Split Policy form Procedure Updated to the new NQS	Kate Sellick – 8 May 2019
4.0	July 2024	KW OSHC Consulting	Policy Statement	Clarity and readability improved	Rowan Friend – 3 Sept 2024
			Rationale	Added to explain why the policy is in place	

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PROCEDURE

IMPLEMENTATION

This Policy applies to the Parent Management Committee (PMC) and any person involved or connected to the management of the Service.

The PMC are responsible for implementing and following this Policy to ensure the Service's goals and objectives are met. The PMC must align all policies and governance structure with the Service philosophy, and legal and regulatory requirements.

ROLES AND RESPONSIBILITIES

1. Parent Management Committee (PMC)

The PMC (as the Approved Provider) is solely responsible for performing the following tasks, which are described in the section titled 'Governance and Management Model':

- (a) compliance and risk management,
- (b) financial control,
- (c) operational management of the Service, and
- (d) issue and dispute management.

2. Nominated Supervisor

The Nominated Supervisor/Responsible Person (RP) is responsible for the day-to-day management of the Service under the direction of the PMC and according to the Regulations and Arabanoo policies, including (without limitation to):

- (a) making recommendations to the Approved Provider on strategic initiatives,
- (b) making recommendations for the appointment of staff, evaluating performance, and developing and maintaining succession plans for staff,
- (c) having input into the annual budget and managing day-to-day operations within the budget,
- (d) maintaining and implementing an effective risk management framework,
- (e) complying with the Education and Care Services National Law and Regulations,
- (f) addressing operational issues, and
- (g) keeping the Approved Provider and regulators of the Service informed about any developments that may negatively impact on the Service's performance.

GOVERNANCE AND MANAGEMENT MODEL

1. Compliance and Risk Management

The Approved Provider is responsible for ensuring compliance with the objects, purposes, and values of the Service, and with its constitution as well as reviewing and monitoring the effectiveness of risk management and compliance in the Service.

(a) Arabanoo Constitution

- Arabanoo's Constitution is the contractual framework binding Arabanoo and its members. It

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sets out the terms and conditions required under the [Associations Incorporations Act 2009 \(NSW\)](#).

- Any changes to the Constitution will be adopted by Arabanoo's members in General Meetings. The Approved Provider will make the constitution available to all members for consultation in electronic and paper forms.
- The Approved Provider will ensure continuous compliance of Arabanoo's Constitution with the [Associations Incorporations Act 2009 \(NSW\)](#) (with amendments from time to time) and any other applicable law or regulation.

(b) Arabanoo Philosophy

- Arabanoo's philosophy reflects the principles of the approved national framework for school aged care, "[My Time, Our Place](#)".
- The philosophy has been developed following a collaborative process involving children, parents, and staff.
- The Approved Provider will make the philosophy available to all members for consultation in electronic and paper forms.

(c) Arabanoo Policies

- The policies have been developed in a collaborative process involving consultation with parents and staff. The policies will be reviewed and updated on an on-going basis.
- Any changes to the policies will be ratified by the Approved Provider and minuted during meetings of the PMC.
- The Approved Provider will ensure the policies are dated, indexed and version-controlled, with details of periodic policy reviews (including date of review and name of reviewer(s)).
- The Approved Provider will make the policies available to all members for consultation in electronic and paper forms.
- The Approved Provider will also ensure that copies of the policies and procedures required under [Regulation 168](#) are available for inspection at the Service at all times (as per [Regulation 171](#)).

(d) Record Retention

- [Regulation 177](#) outlines the requirements of record retention and includes references to records that Services must keep. [Regulations 183](#) and [184](#) detail how Arabanoo stores records.
- The Service has a duty to keep, and protect the privacy of, adequate records about staff, families and children in accordance with applicable laws and regulations.
- The Approved Provider will set out clear guidelines on who will have access to what records and provide these guidelines to PMC members, educators, other staff, and families. These will be available at all times at the Service for review by interested parties.
- The Approved Provider will establish and follow a record retention process in accordance with applicable laws and regulations, including without limiting the requirements of the following government departments:
 - Australian Tax Office (ATO),
 - Family Assistance Office (FAO), and
 - Department of Employment and Workplace Relations (DEWR).
- Should the Service stop its operations, the Approved Provider will determine the measures to be taken regarding record retention or disposal (as appropriate).

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2. Financial Control

The Approved Provider is responsible for reviewing the Service's budget, and monitoring financial performance to ensure the solvency, strength and quality performance of the Service.

- The Approved Provider will be responsible for developing and overseeing the Service's budget and for ensuring the Service operates within a responsible and sustainable financial framework.
- The Approved Provider will conduct a budget planning meeting each year as part of its annual business planning. The details of budgeting and fee setting are outlined under the Fee Policy.
- Financial reporting, including an income and expenditure statement and balance sheet will be presented at PMC meetings on a regular basis and the opportunity will be provided to ask questions or seek further advice from any member of the PMC.

3. Operational Management

The Approved Provider is responsible for providing and maintaining the facilities and resources required for the Service to operate, as well as managing operational issues, addressing concerns and complaints, and resolving disputes raised in connection with the Service operation.

- The Approved Provider will ensure [Regulations 103–115](#) relating to the physical environment required for an OSHC Service are complied with at all times and taken into consideration in the event of the relocation of a Service.
- Ongoing review and evaluation will underpin the continuing development of the Service. The Approved Provider will ensure the evaluation involves all stakeholders, especially families, children, and educators/staff.
- The Approved Provider uses a Quality Improvement Plan (QIP) to reflect on the aspects of the Service that work well and the aspects of the Service that need further development. These will be discussed at staff and PMC meetings.

ENDORSEMENT BY THE SERVICE:

Approval date: Sept 2024

Date for Review: Sept 2026

Procedure History

Version 1.0

December 2005, May 2006, March 2007, May 2007, February 2009, August 2010, May 2011, March 2012.

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Version	Date reviewed	Who by	Area changed	Changes made	Authorisation
3.0	12 August 2015	Liz Watkinson and Nicole Torrance	Various	Changed wording of a few sentences	Kerry Sinclair 12 February 2016
4.0	26 April 2019	Kate Sellick, Holly O'Driscoll and Rowan Friend	Split Policy form Procedure Standards	Split Policy form Procedure Updated to the new NQS	Kate Sellick – 8 May 2019
5.0	July 2024	KW OSHC Consulting	Implementation	Added to explain why staff must comply with this policy	Rowan Friend – 3 Sept 2024
			Procedure	Improved readability and clarity	