# Governance and Management

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## Policy Statement

SHARE OOSH is a community-based, cooperative Out of School Hours Care service governed by its Management Committee as the Approved Provider. Governance at the Service supports the operation of a quality, transparent and accountable service that is child safe and aligned with our philosophy and the My Time, Our Place framework.

Children's safety, rights and best interests are the paramount consideration in all governance decisions, consistent with the Education and Care Services National Law, including section 2A and section 3A (NSW). Governance decisions will prioritise child safety and wellbeing over financial, operational or other interests.

The Approved Provider retains ultimate responsibility under the National Law for ensuring the Service operates in compliance with all legislative and regulatory requirements, regardless of any delegation of functions or responsibilities. Robust governance systems are maintained to support effective risk management, financial integrity, regulatory compliance, ethical decision-making and continuous quality improvement.

SHARE OOSH is committed to governance practices that are responsive to legislative reform and evolving child safety standards, and that foster a culture of accountability, transparency and professional leadership in the best interests of children, families, employees and the community.

# Definitions

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| **Approved Provider** | The entity that holds Provider Approval under the Education and Care Services National Law and has ultimate legal responsibility for the operation and governance of the Service. |
| **Conflict of Interest** | An actual, potential or perceived situation where a person's personal, financial or other interests could improperly influence, or be perceived to influence, their decision-making in their governance role. |
| **Educational Leader** | The person appointed by the Approved Provider under Regulation 118 to lead the development and implementation of the educational program in accordance with the approved learning framework. |
| **Governance** | The systems, structures and processes through which the Approved Provider directs, oversees and ensures accountability for the Service's compliance, financial stewardship, risk management and strategic direction. |
| **National Law** | The Education and Care Services National Law as applied in NSW. |
| **National Regulations** | The Education and Care Services National Regulations made under the National Law. |
| **Nominated Supervisor** | A person with day-to-day responsibility for the Service who has been nominated by the Approved Provider and approved by the Regulatory Authority under the National Law. |
| **Person with Management or Control (PMC)** | A person who has the authority to exercise significant influence over the management or operation of the Service, as defined under the National Law. |
| **Psychological Safety** | A work and governance environment in which individuals feel safe to raise concerns, report risks or disclose misconduct in good faith without fear of reprisal. |
| **Quality Improvement Plan (QIP)** | A written plan developed under Regulation 55 that identifies the Service's strengths and areas for improvement and outlines strategies to achieve continuous improvement. |
| **Regulatory Authority** | The NSW regulatory body responsible for administering and enforcing the National Law and Regulations. |
| **Responsible Person** | The person in day-to-day charge of the Service in accordance with the National Regulations, including the Nominated Supervisor or a person placed in day-to-day charge. |
| **Serious Incident** | An incident defined under Regulation 12 that requires notification to the Regulatory Authority within prescribed timeframes. |

## NATIONAL QUALITY STANDARD (NQS)

| QUALITY AREA 7: GOVERNANCE AND LEADERSHIP | | |
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| 7.1 | Governance | Governance supports the operation of a quality service that is child safe. |
| 7.1.2 | Management Systems | Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe. |
| 7.1.3 | Roles and Responsibilities | Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service. |
| 7.2 | Leadership | Effective leadership builds and promotes a positive organisational culture and professional learning community. |
| 7.2.1 | Continuous improvement | There is an effective self-assessment and quality improvement process in place. |
| 7.2.2 | Educational leadership | The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle. |
| 7.2.3 | Development of professionals | Educators, co-ordinations and staff members performance is regularly evaluated, and individual plans are in place to support learning and development. |

# Legislative And Regulatory References

| EDUCATION AND CARE SERVICES NATIONAL LAW | |
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| 2A | Paramount consideration—safety, rights and best interests of children |
| 3A | Paramount consideration (NSW) |
| 4 | How functions to be exercised |

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| 19 | Conditions on provider approval |
| 51 | Conditions on service approval |
| 162 | Offence to operate education and care service unless responsible person is present |
| 172 | Offence to fail to display prescribed information |
| 173 | Offence to fail to notify certain circumstances to Regulatory Authority |
| 174 | Offence to fail to notify certain information to Regulatory Authority |
| 174AB | Approved provider must notify Regulatory Authority of event under section 174AA |
| 175 | Offence relating to requirement to keep enrolment and other documents |
| Part 6A | Devices in education and care services |
| 188 | Offence to engage person to whom prohibition notice applies |
| EDUCATION AND CARE SERVICES NATIONAL REGULATIONS | |
| 29 | Condition on service approval-insurance |
| 31 | Condition on service approval-quality improvement plan |
| 55 | Quality improvement plan |
| 56 | Review and revision of quality improvement plans |
| 73 | Educational program |
| 74 | Record of child assessments or evaluations for delivery of educational program |
| 84 | Awareness of child protection law |

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| 117B | Minimum requirements for person in day-to-day charge |
| 117C | Minimum requirements for a nominated supervisor |
| 157 | Access for parents |
| 158 | Children's attendance record to kept by approved provider |
| 160 | Child enrolment records to be kept by the approved provider and family day care educator |
| 161 | Authorisations to be kept in enrolment record |
| 162 | Health information to be kept in enrolment record |
| 167 | Record of service's compliance |
| 168 | Education and care services must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 171 | Policies and procedures to be kept available |
| 172 | Notification of change to policies and procedures |
| 173 | Prescribed information to be displayed |
| 174 | Time to notify certain circumstances to Regulatory Authority |
| 175 | Prescribed information to be notified to the Regulatory Authority |
| 176 | Time to notify certain information to Regulatory Authority |
| 177 | Prescribed enrolment and other documents to be kept by approved provider |
| 180 | Evidence of prescribed insurance |
| 181 | Confidentiality of records kept by approved provider |

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| 183 | Storage of records and other documents |
| 184 | Storage of records after service approval transferred |
| 185 | Law and regulations to be available |

## Related Policies and Documents

- Child Safe
- Child Safe Reporting
- Code of Conduct
- Confidentiality and Record Keeping
- Fees
- Management of Complaints
- Providing a Child Safe Environment
- Safe Use of Digital Technologies and Online Environments
- Staffing

# Purpose

The purpose of this policy is to establish a clear governance framework for SHARE OOSH that:

- defines accountability and leadership responsibilities in accordance with the Education and Care Services National Law and Regulations
- ensures the Service operates in a manner that is child safe, legally compliant, financially sustainable and ethically managed
- clarifies the roles and oversight functions of the Approved Provider, Persons with Management or Control, Nominated Supervisor and Responsible Persons
- supports effective risk management, regulatory compliance, financial integrity and transparent decision-making
- embeds continuous improvement and strategic oversight within the governance of the Service
- promotes a professional, respectful and sustainable workplace that enables high-quality education and care.

## SCOPE

This policy applies to the Approved Provider, Persons in Management Control, Nominated Supervisor, Responsible Persons and all staff. It informs families, students, volunteers and visitors of the governance framework under which the Service operates.

# Guiding Principles

Governance at SHARE OOSH is guided by the following principles:

- **Child Paramountcy** – Children's safety, rights and best interests are the paramount consideration in all governance decisions.
- **Accountability and Transparency** – Governance is exercised with integrity, clear role delineation, responsible decision-making and transparent communication.
- **Legal and Ethical Compliance** – The Service operates in full compliance with the Education and Care Services National Law and Regulations and is guided by ethical standards in all aspects of governance.
- **Risk-Informed and Financially Responsible Stewardship** – Governance systems support effective risk management, financial sustainability and the long-term viability of the Service without compromising child safety or quality.
- **Continuous Improvement and Professional Leadership** – Governance fosters a culture of reflection, responsiveness, professional growth and ongoing quality improvement.

# Procedures

## 1. Governance Structure and Authority

The Management Committee holds Provider Approval and is the Approved Provider under the Education and Care Services National Law.

The Approved Provider holds ultimate legal responsibility for the governance and operation of the Service in accordance with the National Law and Regulations.

The Approved Provider may delegate specific functions or operational tasks to authorised persons, including the Nominated Supervisor or subcommittees. However, delegation does not remove or reduce the Approved Provider's accountability for ensuring legislative compliance, child safety, financial integrity and effective governance.

Governance at SHARE OOSH is exercised through a structured and collaborative relationship between the Approved Provider and the Nominated Supervisor. While the Approved Provider retains legal accountability, governance decisions are informed through professional consultation to ensure they reflect regulatory requirements, sector standards and the best interests of children.

The Approved Provider is responsible for:

- establishing and maintaining governance systems that support compliance, risk management and continuous improvement
- ensuring clear delineation between governance oversight and operational management
- formally recording governance decisions
- declaring and notifying Persons with Management or Control as required under the National Law

- identifying and managing actual, potential or perceived conflicts of interest in governance decision-making.

If the governance structure of the Service changes in the future, the obligations outlined in this policy continue to apply to the entity holding Provider Approval.

## 2. Roles, Professional Leadership and Oversight

The Approved Provider exercises governance oversight and retains legal accountability for the Service in accordance with the Education and Care Services National Law and Regulations. This includes responsibility for regulatory compliance, financial stewardship, risk oversight, child safety governance and strategic accountability.

The Nominated Supervisor provides professional, regulatory and operational leadership of the Service. This includes responsibility for day-to-day management, implementation of policies and procedures, supervision of staff, oversight of the educational program and operational compliance.

The Approved Provider and the Nominated Supervisor work in partnership to ensure governance decisions are informed, evidence-based and made in the best interests of children. Governance decisions that impact educational practice, compliance, child safety, staffing or service delivery will be informed through consultation with the Nominated Supervisor.

The Nominated Supervisor provides professional advice and regulatory expertise to inform governance decision-making, including advice relating to:

- quality improvement planning and implementation
- legislative and regulatory interpretation
- policy development and review
- staffing structures and workforce sustainability
- budget planning as it relates to compliance, safety and service quality
- operational risk management.

Strategic priorities and improvement initiatives are developed collaboratively and are ratified by the Approved Provider.

The Approved Provider provides governance oversight and does not undertake day-to-day operational management of the Service, except where intervention is required to address significant compliance risks, child safety concerns or serious governance matters.

The Responsible Person ensures regulatory compliance during periods when children are being educated and cared for at the Service.

The Educational Leader leads the development and implementation of the educational program in accordance with the approved learning framework.

All roles operate within a framework of mutual respect, clearly defined authority and shared commitment to children's safety and wellbeing.

# 3. Risk Management and Financial Stewardship

The Approved Provider is responsible for ensuring that effective governance systems are in place to identify, assess and manage risks that may impact the safety, compliance, sustainability or quality of the Service.

Risk management at SHARE OOSH adopts an enterprise approach and includes oversight of:

- child safety and wellbeing risks
- regulatory and compliance risks
- operational and staffing risks
- financial sustainability and solvency risks
- reputational and community trust risks
- strategic risks that may impact long-term viability.

The Approved Provider ensures that risk management systems:

- prioritise the safety, rights and best interests of children
- support early identification and mitigation of emerging risks
- enable transparent reporting of serious incidents and significant concerns
- are responsive to legislative reform and evolving child safety standards
- are reviewed regularly to ensure ongoing effectiveness.

The Approved Provider oversees the financial stewardship of the Service and is responsible for ensuring:

- the Service remains financially viable and solvent
- funds are managed ethically and in the best interests of children and the community
- appropriate financial controls and accountability mechanisms are maintained
- adequate and current insurance coverage is in place as required under the National Regulations.

Serious incidents, significant complaints or emerging risks that may impact child safety, compliance or financial sustainability will be reviewed at a governance level to identify systemic improvements where required.

# 4. Regulatory Compliance and Notifications

The Approved Provider is responsible for ensuring the Service operates in compliance with the Education and Care Services National Law, National Regulations and applicable NSW legislation.

The Business Manager role is to act as a representative of the Approved Provider, granting an escalation point and support to staff.

The Approved Provider will establish and maintain governance systems to monitor ongoing compliance, including oversight of:

- regulatory notifications to the Regulatory Authority
- notifications to families as required under the National Regulations
- compliance with display requirements
- ongoing monitoring of legislative and regulatory reform
- cooperation with authorised officers and regulatory audits.

The Approved Provider will ensure that compliance registers are maintained in accordance with Regulation 167 of the National Regulations and that prescribed policies and procedures are available as required.

Governance systems will support timely identification and reporting of notifiable events, serious incidents and significant complaints, and will ensure that such matters are reviewed at a governance level where required.

The Approved Provider will ensure that governance practices remain responsive to strengthened child safety reforms and evolving regulatory expectations.

Where the Nominated Supervisor is away, the Responsible Person must contact the Primary escalation point of the Business Manager. If Business Manager is away, the Responsible Person must contact the secondary escalation point of Committee President with in the 24hr submission period, to support and approve the notification submission.

The Approved Provider will ensure a clear escalation point is maintained and oversight is witnessed.

When submitting a notification, the Regulatory Notification Checklist and Register is to be completed.

# 5. Child Safety Governance

Children's safety, rights and wellbeing remain the paramount consideration in all governance decisions.

The Approved Provider is responsible for ensuring that governance systems support and monitor the effectiveness of the Service's child safe practices. This includes oversight of:

- implementation of the Providing a Child Safe Environment, Child Safe, and Child Safe. Reporting policies
- workforce suitability and screening systems as outlined in the Staffing Policy
- reporting and review of serious incidents, allegations and complaints involving potential harm to a child
- systems that promote a culture of safety, accountability and continuous improvement.

The Approved Provider will ensure that child safety governance remains responsive to legislative reform and evolving regulatory expectations, including strengthened child protection and workforce screening requirements.

Governance oversight in this area is exercised at a systems level and does not replace operational responsibilities held by the Nominated Supervisor and staff under relevant policies.

## 6. Complaints and Escalation

The Approved Provider is responsible for ensuring that the Service maintains an effective, accessible and child-focused complaints management system in accordance with the National Law and Regulations.

Governance oversight includes ensuring that:

- a complaints policy and procedures are in place, accessible and implemented in practice
- prescribed complaints contact details are displayed as required
- a Complaints Register is maintained and reviewed as part of governance monitoring
- notifiable complaints are identified and reported to the Regulatory Authority within required timeframes
- complaints involving allegations of harm, misconduct or significant compliance breaches are escalated appropriately
- procedural fairness, confidentiality and natural justice are upheld.

The Approved Provider is committed to fostering a culture in which staff, families and community members can raise concerns in good faith without fear of reprisal. Governance systems will support psychological safety and encourage transparent reporting of risks, misconduct and child safety concerns.

The Approved Provider will provide oversight of high-risk or complex complaints, including complaints that:

- allege serious incidents or contraventions of the National Law or Regulations
- involve allegations against the Nominated Supervisor
- raise significant child safety concerns
- present significant reputational or organisational risk.

Where a complaint or grievance relates to a member of the Approved Provider or a Person with Management or Control, the matter will not be investigated internally by the Approved Provider. In such circumstances, the Approved Provider will engage an appropriately qualified and independent external investigator to conduct the investigation and provide findings.

Any member of the Approved Provider who is the subject of a complaint, or who has an actual, potential or perceived conflict of interest, must remove themselves from all discussions, decisions and access to information relating to the matter.

Governance oversight of complaints will operate at a systems level and will not replace operational responsibilities held by the Nominated Supervisor under the Service's Management of Complaints Policy, except where escalation thresholds are met.

Complaint trends, systemic issues and identified risks will inform governance monitoring and continuous improvement processes, including the Quality Improvement Plan.

# 7. Conflict of Interest and Ethical Conduct

The Approved Provider is responsible for ensuring governance decisions are made with integrity, impartiality and in the best interests of children and the Service.

An actual, potential or perceived conflict of interest arises where a member of the Approved Provider or a Person with Management or Control has personal, financial, relational or other interests that could improperly influence, or be perceived to influence, their decision-making.

The Approved Provider will ensure that:

- conflicts of interest are declared at the earliest opportunity
- declared conflicts are formally recorded in a Conflict of Interest Register
- members with a declared conflict remove themselves from relevant discussions, decision-making and access to information
- conflicts are recorded in meeting minutes where relevant
- governance decisions are made transparently and without undue influence.

All members of the Approved Provider and Persons with Management or Control must complete a written conflict of interest declaration upon commencement of their role and annually thereafter. Members must also disclose any new conflict as soon as it arises.

The Approved Provider will ensure that conflict management processes are applied consistently and in a manner that supports ethical governance, transparency and psychological safety.

Failure to disclose a conflict of interest may be considered a breach of governance responsibilities.

# 8. Quality Improvement and Strategic Direction

The Approved Provider is responsible for ensuring that the Service maintains an effective and ongoing process of self-assessment and continuous improvement in accordance with the National Quality Framework.

The Nominated Supervisor and Educational Leader provide professional leadership of the Service's quality improvement and strategic development processes. This includes collaborative development, implementation and monitoring of the Quality Improvement Plan (QIP), informed by:

- regulatory requirements
- assessment and rating outcomes

- complaint and incident trends
- risk monitoring
- educator and family feedback
- service data and performance indicators.

Strategic priorities and improvement initiatives are developed through professional consultation and are presented to the Approved Provider for oversight, endorsement and monitoring.

The Approved Provider will:

- review and endorse the Service philosophy and strategic priorities
- monitor progress against the Quality Improvement Plan
- ensure that adequate resources are allocated to support quality improvement
- ensure governance decisions support the ongoing improvement of educational practice and child safety outcomes.

Quality improvement at SHARE OOSH operates as a collaborative governance partnership, with professional leadership informing governance oversight to ensure decisions remain aligned with the best interests of children.

## 9. Record Keeping and Confidentiality

The Approved Provider is responsible for ensuring that governance systems support secure, accurate and lawful record keeping in accordance with the Education and Care Services National Law and Regulations.

This includes oversight of systems that ensure:

- required records are maintained and retained as prescribed
- records are stored securely and accessed only by authorised persons
- confidentiality of personal information is upheld in accordance with legislative requirements
- prescribed information is displayed as required
- records are transferred appropriately if Provider Approval changes.

Members of the Approved Provider and Persons with Management or Control are bound by confidentiality obligations in the same manner as staff and must not access, disclose or use confidential information outside the scope of their governance role.

Confidentiality expectations and detailed record management procedures are outlined in the Service's Confidentiality and Record Keeping policies.

Governance oversight of information management will prioritise privacy, child safety and compliance while supporting transparency and accountability.

# Roles and Responsibilities

| ROLE | RESPONSIBLE FOR |
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| Approved Provider | • Hold ultimate legal responsibility for compliance with the National Law and Regulations.<br>• Establish and maintain effective governance systems.<br>• Provide oversight of risk management, financial stewardship and child safety governance.<br>• Ensure regulatory notifications and compliance systems are in place.<br>• Endorse policies, strategic priorities and the Quality Improvement Plan.<br>• Ensure conflicts of interest are declared and managed.<br>• Ensure independent investigation of complaints involving governance members.<br>• Foster a culture of ethical conduct, transparency and psychological safety. |
| Nominated Supervisor | • Provide professional, regulatory and operational leadership of the Service.<br>• Lead implementation of policies and governance decisions.<br>• Provide expert advice to inform governance decision-making.<br>• Lead compliance monitoring and reporting to the Approved Provider.<br>• Collaboratively lead quality improvement and strategic development with the Educational Leader.<br>• Escalate significant risks, complaints or notifiable matters to the Approved Provider as required. |
| Responsible Persons | • Ensure regulatory compliance during periods when children are being educated and cared for at the Service.<br>• Implement Service policies and procedures in the absence of the Nominated Supervisor.<br>• Escalate serious incidents, complaints or compliance concerns appropriately. |
| Educators | • Implement policies, procedures and the approved learning framework in daily practice.<br>• Maintain supervision and prioritise children's safety and wellbeing.<br>• Report incidents, risks, complaints or compliance concerns promptly.<br>• Contribute to quality improvement processes and reflective practice. |

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| Families | • Engage respectfully with governance and operational processes.<br>• Raise concerns in accordance with the Service's complaints processes.<br>• Support the Service's commitment to child safety, respectful behaviour and ethical governance. |
| Other Staff | • Perform duties in accordance with Service policies and governance expectations.<br>• Maintain confidentiality and ethical conduct.<br>• Report risks, concerns or breaches of policy. |
| Students/Volunteers | • Comply with Service policies, procedures and confidentiality requirements.<br>• Act under the supervision of educators or authorised staff.<br>• Maintain professional and ethical conduct at all times. |

# Induction and Ongoing Training

All members of the Approved Provider and Persons with Management or Control will be inducted into their governance responsibilities under the Education and Care Services National Law and Regulations.

Induction will include:

- overview of legal obligations of the Approved Provider
- roles and responsibilities of governance and operational leadership
- child safety governance expectations
- conflict of interest requirements and declaration process
- complaints oversight and escalation thresholds
- confidentiality obligations
- review of this policy and related governance policies.

Ongoing governance development will occur through:

- updates following legislative or regulatory changes
- periodic governance briefings provided by the Nominated Supervisor
- review of compliance, risk and quality improvement reports
- participation in relevant governance or child safety training where appropriate.

# Monitoring, Evaluation, and Review Process

## Monitoring

The Approved Provider will monitor the effectiveness of governance systems by:

- reviewing compliance reports and regulatory notifications
- reviewing high-risk complaints and serious incidents at a systems level
- monitoring financial sustainability and risk indicators
- reviewing progress against the Quality Improvement Plan
- reviewing conflict of interest declarations and register maintenance.

The Nominated Supervisor will provide governance reporting as required to support informed oversight.

## Evaluation

The Approved Provider will periodically evaluate the effectiveness of governance arrangements to ensure:

- roles and responsibilities remain clearly defined
- decision-making processes remain transparent and ethical
- child safety governance systems are effective
- risk management processes remain appropriate
- governance practices support continuous improvement and service sustainability.

Evaluation may be informed by regulatory feedback, assessment and rating outcomes, internal review processes and service performance data.

## Review

This policy will be reviewed at least every two years, or earlier if:

- legislation or regulations change
- governance or structural changes occur
- an incident, complaint or review identifies gaps in governance practice
- regulatory advice or sector guidance recommends amendment.

All staff are consulted as part of the review process, and families are invited to contribute feedback.

The Approved Provider endorses all updates and ensures staff re-sign to confirm awareness.