

GOVERNANCE AND MANAGEMENT OF A SERVICE

QUALITY AREA 7 | ELAA version 1.2



PURPOSE

This policy outlines the duties, roles and responsibilities of the Approved Provider (Principal) and Council of Sholem Aleichem College and Preschool.



POLICY STATEMENT

VALUES

Sholem Aleichem College and Preschool is committed to good governance and management to deliver high quality outcomes:

- robust and effective governance and management policies and procedures
- accountability to its stakeholders
- effective systems of risk management, financial and internal control, and performance reporting
- compliance with all regulatory and legislative requirements placed on the organisation, including space, equipment and facilities, confidentiality of records and notifications and reporting
- the organisation to remain solvent and comply with all its financial obligations
- the ongoing cycle of self-assessment, planning and review, embedding a culture of quality improvement

SCOPE

This policy applies to the approved provider, the Council of Sholem Aleichem College and Preschool and all subcommittees of the College Council.

RESPONSIBILITIES	College Council	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted						
1. Ensuring that obligations under the <i>Education and Care Services National Law and National Regulations</i> are met, as well as all other laws relevant to governance and management of the service	√	R	√			



2.	Embedding a culture of continuous improvement, including everyone at the service (involving staff, children, families and communities) in continuous improvement practices.		R	√			
3.	Displaying the prescribed information in <i>National Law: Section 172 (Regulation 173)</i>		R	√			
4.	Providing information to the regulatory authority upon request in relation to being a fit and proper person (<i>National Law: Sections 13, 14, 21</i>)		R				
5.	Ensuring that the service is insured and keep evidence of this (<i>National Law: Section 51; Regulations 29, 180</i>)		R				
6.	Ensuring that the number of children at the service does not exceed the maximum in the service approval (<i>National Law: Section 51</i>)		R	√			
7.	Ensuring that the family of a child at the service is allowed to enter the premises (<i>Regulation 157</i>)		R	√			
8.	Adopting quality governance and management processes, procedures and practices, in line with the <i>National Quality Standard</i> , especially Quality Area 7 – Governance and leadership	√	R	√			
9.	Establishing 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	√	R	√			
10.	Develop, review and approve the service philosophy and purpose, strategic direction and initiatives	√	R	√			
11.	Taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the <i>Governance and Management policy</i> and procedures	√	R				
12.	Ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, co-ordinators, educators, staff, volunteers and families, and available for inspection		R				
13.	Notifying families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> • affect the fees charged or the way they are collected or • significantly impact the service’s education and care of children or • significantly impact the family’s ability to utilise the service. 		R				
Notifications and reporting							
14.	Ensuring that all reporting and reporting requirements are met regarding the <i>National Quality Framework</i> , family assistance, taxation, Occupational Health and Safety, child protection, and other relevant laws	√	R	√			
15.	Notifying the regulatory authority about the approved provider and operational changes, and changes in relation	√	R	√			

to the nominated supervisor, as detailed in <i>National Law: Section 173 (Regulations 174, 174A)</i>						
16. Notifying 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 (<i>National Law: section 174; Regulations 175, 176, 176A</i>)	√	R	√			
Health, safety and wellbeing						
17. Ensuring the health, safety and wellbeing of children in the service and take every reasonable precaution to protect children from harm and hazard (<i>National Law: Section 51</i>)	√	R	√	√		√
Quality Improvement Plan (QIP)						
18. Ensuring there is an effective self-assessment and quality improvement process in place, including a QIP (<i>refer to Definitions</i>) that is kept at the premises and/or is made available for inspection and to families (<i>Regulations 31, 55</i>)	√	R	√	√		
19. Ensuring that the QIP (<i>refer to Definitions</i>) is reviewed at least annually (<i>Regulation 56</i>)		R	√	√		
Space, equipment, facilities						
20. Ensuring that requirements relating to the physical environment, space, equipment and facilities are met, including <i>Regulations 104, 106, 107, 108, 109, 110, 116, 117</i>	√	R	√	√		√
Educational needs and program						
21. Ensuring that children's educational and developmental needs are met (<i>National Law: Section 51</i>)	√	R	√	√		
Early childhood teachers, educators and staff						
22. Ensuring that requirements relating to staffing are met, including implementing the <i>Staffing policy</i> and procedures (<i>Regulation 84</i>)		R	√			
23. Ensuring that roles and responsibilities are clearly defined, understood, and support effective decision making and operation of the service		R	√			
24. Ensuring that the performance of educators, staff and co-ordinators is regularly evaluated, and individual plans are in place to support learning and development		R	√			
25. Ensuring that a nominated supervisor, educators, staff, volunteers and contractors to whom a prohibition notice applies are not engaged by the service (<i>National Law: Section 188</i>)		R				
26. Ensuring the educational leader is supported to lead the development and implementation of the educational program and assessment and planning cycle		R	√			
Nominated supervisors and responsible person						
27. Ensuring that requirements relating to the nominated supervisor and responsible person are met, including		R				

implementing the <i>Staffing policy</i> and procedures (<i>National Law: Section 162, 162A; Regulation 117B</i>)						
Records and confidentiality						
28. Keeping a record of the service's compliance with the information listed in <i>Regulation 167</i>		R	√			
29. Keeping a record of enrolment and other documents listed in <i>National Law: Section 175</i> at the service and be available for inspection by an authorised officer		R	√			
30. Ensuring that records are kept confidential and not divulged except as permitted under <i>Regulations 181 and 182</i>		R	√			
31. Ensuring that records are stored safely and securely for the period set out in <i>Regulation 183</i>		R	√			
32. Keeping enrolment and attendance records (<i>Regulations 158, 159, 160, 161, 162</i>) and other documents listed in <i>Regulations 160, 177 and 178</i> , ensure they are accurate and available to families on request (<i>National Law: section 175</i>). If a service approval is transferred, the documents must be transferred to the receiving approved provider (<i>Regulation 184</i>).		R	√			
Child Safe Standards						
33. Creating an environment where all staff feel supported and encouraged to raise concerns. Establishing practices that normalise and support the reporting of issues and allegations		√	√			
34. Promoting the importance of child safety at the service and demonstrating what it looks like, including through discussing and promoting child safe pedagogical practice.		R	√			
35. Facilitating the implementation of the <i>Child Safe Environment and Wellbeing Policy</i> at all levels	√	R	√			
36. Communicating the <i>Code of Conduct Policy</i> to all staff, volunteers and leaders and hold them to account to comply with it		R	√			
37. Leading by example and implementing risk management strategies that focus on preventing, identifying and mitigating risks to children	√	R	√			
38. Taking child safety issues seriously, responding quickly, and ensuring all staff and volunteers have the resources they need	√	R	√			
39. Ensuring that staff and volunteers understand their obligations on information sharing and record keeping.		R	√			
40. Providing professional development opportunities for all staff at the service to understand and implement child safe practices		√	√			
41. Using the child safe self-assessment and risk assessment tool (<i>refer to Sources</i>) to review the service's child safe culture and identify areas where are doing well, potential risks and areas for improvement	√	R	√			

42. Regularly reviewing the organisation's performance in delivering child safety and wellbeing	√	R	√			
43. Ensuring risk assessment and management within the service is properly focused on identifying, preventing and reducing risks of child abuse and harm	√	R	√			
44. Understanding that staff may have trauma related to child safety and abuse. Ensuring they are supported, in line with employer obligations under the <i>OHS Act 2004</i> to protect psychological health		R	√			



BACKGROUND AND LEGISLATION

BACKGROUND

The governance of an organisation is concerned with the systems and processes that ensure the overall direction, effectiveness, supervision and accountability of a service. The Approved Provider must ensure that there are effective systems, procedures and processes in place to support the service to operate effectively and ethically, and all legal and regulatory requirements governing the operation of the business are met.

Under the *Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011*, early childhood services are required to have policies and procedures in place relating to the governance and management of the service, including confidentiality of records (refer to *Privacy and Confidentiality Policy*).

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Associations Incorporation Reform Act 2012 (Vic), as applicable to the service
- Corporations Act 2001, as applicable to the service
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 7: Governance and Leadership

DEFINITIONS

The terms defined in this section relate specifically to this policy.

Actual conflict of interest: One where there is a real conflict between a Council member's responsibilities and their private interests.

Conflict of interest: An interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of a member (or members) of the Council or subcommittee, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the member of the Council or subcommittee, but also their relatives, friends or business associates.

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 services 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.

Ethical practice: A standard of behaviour that the service deems acceptable in providing their services.

Fit and proper person: 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 working with children clearance, such as 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: The process by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, directions and control exercised in the organisation (Australian National Audit Office, 1999).

Interest: Anything that can have an impact on an individual or a group.

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

Perceived conflict of interest: Arises where a third party could form the view that a Council member's private interests could improperly influence the performance of their duties on the Council, now or in the future.

Potential conflict of interest: Arises where a Council member has private interests that could conflict with their responsibilities.

Private interests: Includes not only a Council member's own personal, professional or business interests, but also those of their relatives, friends or business associates

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

Service 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.

SOURCES AND RELATED POLICIES



SOURCES

- ACECQA - NQF Child Safe Culture Guide self-assessment and risk assessment: www.acecqa.gov.au
- ACECQA – Occasional Paper 5: Quality Area 7: Leadership and management in education and care services www.acecqa.gov.au/media/25871
- ACECQA – Quality Area 7 resources <https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-7-governance-and-leadership>
- Australian Government – My business health www.asbfeo.gov.au/my-business-health/home
- ELAA EYM Governance Support Manual: <https://elaa.org.au/resources/free-resources/eym-governance-support-manual/>
- Justice Connect: <http://www.justiceconnect.org.au/>
- Our Community: www.ourcommunity.com.au

RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Complaints and Grievances
- Enrolment and Orientation
- Privacy
- Staffing

EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

ATTACHMENTS



- Attachment 1: Core elements of the governance model
- Attachment 2: Sample Conflict of interest disclosure statement

AUTHORISATION



This policy was adopted by the approved provider of Sholem Aleichem College and Preschool on October 29, 2025. It was reviewed and adopted by the approved provider in February 2026.

REVIEW DATE: February 2027

ATTACHMENT 1. CORE ELEMENTS OF THE GOVERNANCE MODEL

The following are the core elements of the governance systems at Sholem Aleichem College and Preschool for which a Council is responsible:

Stewardship/custodianship

Ensure:

- the service pursues its stated purpose and remains viable
- budget and financial accountability to enable ongoing viability and making best use of the service's resources
- the service manages risks appropriately.

Leadership, forward planning and guidance

Provide leadership, forward planning and guidance to the service, particularly in relation to developing a strategic culture and directions.

Authority, accountability, and control

- Monitor and oversee management including ensuring that good management practices and appropriate checks and balances are in place.
- Be accountable to members of the service.
- Maintain focus, integrity and quality of service.
- Oversee legal functions and responsibilities.
- Declare any actual, potential or perceived conflicts of interest (*refer to Definitions and Attachment 2*).

LEGAL LIABILITIES OF MEMBERS OF THE COMMITTEE OF MANAGEMENT/BOARD

The Council at Sholem Aleichem College and Preschool is responsible to take all reasonable steps to ensure that the laws and regulations relating to the operation of the service are observed. Members of the Council are responsible for ensuring that:

- adequate policies and procedures are in place to comply with the legislative and regulatory requirements placed on the service
- appropriate systems are in place to monitor compliance
- reasonable care and skill are exercised in fulfilling their roles as part of the governing body of the service
- they act honestly, and with due care and diligence
- they do not use information they have access to, by virtue of being on the Council improperly
- they do not use their position on the Council for personal gain or put individual interests ahead of responsibilities.

RESPONSIBILITIES OF THE COUNCIL

The Council of Sholem Aleichem College and Preschool is responsible for:

- developing coherent aims and goals that reflect the interests, values and beliefs of the members and staff, and the stated aims of the service, and have a clear and agreed philosophy which guides business decisions and the work of the Council and staff
- ensuring there is a sound framework of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the service to be geared towards the achievement of the service's vision and mission
- establishing clearly defined roles and responsibilities for the members of the Council, individually and as a collective, management and staff, and clearly articulate the relationship between the Council, staff and members of the service
- developing ethical standards and a code of conduct (*refer to Code of Conduct Policy*) which guide actions and decisions in a way that is transparent and consistent with the goals, values and beliefs of the service
- undertaking strategic planning and risk assessment on a regular basis and having appropriate risk management strategies in place to manage risks faced by the service
- ensuring that the actions of and decisions made by the Council are transparent and will help build confidence among members and stakeholders
- reviewing the service's budget and monitoring financial performance and management to ensure the service is solvent at all times, and has good financial strength
- approving annual financial statements and providing required reports to government
- setting and maintaining appropriate delegations and internal controls

- appointing senior staff (e.g. the Principal) and monitoring their performance
- evaluating and improving the performance of the Council
- focusing on the strategic directions of the organisation and avoiding involvement in day-to-day operational decisions, particularly where the authority is delegated to senior management staff within the service.

CONFIDENTIALITY

All members of the Council and subcommittees who gain access to confidential, commercially sensitive and other information of a similar nature, whether in the course of their work or otherwise, shall not disclose that information to anyone unless the disclosure of such information is required by law (*refer to Privacy Policy*).

Members of the Council and subcommittees shall respect the confidentiality of those documents and deliberations at Council or subcommittee meetings, and shall not:

- disclose to anyone the confidential information acquired by virtue of their position on the Council or subcommittee
- use any information so acquired for their personal or financial benefit, or for the benefit of any other person
- permit any unauthorised person to inspect, or have access to, any confidential documents or other information.

This obligation, placed on a member of the Council or subcommittee, shall continue even after the individual has completed their term and is no longer on the Council or subcommittee.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Council or subcommittee as an observer or in any other capacity.

ETHICAL PRACTICE

The following principles will provide the ethical framework to guide the delivery of services at Sholem Aleichem College and Preschool:

- treating colleagues, parents/guardians, children, suppliers, public and other stakeholders respectfully and professionally at all times
- dealing courteously with those who hold differing opinions
- respecting cultural differences and diversity within the service, and making every effort to encourage and include all children and families in the community
- having an open and transparent relationship with government, supporters and other funders
- operating with honesty and integrity in all work
- being open and transparent in making decisions and undertaking activities, and if that is not possible, explaining why
- working to the standards set under the *National Quality Framework* and all applicable legislation as a minimum, and striving to continually improve the quality of the services delivered to the community
- disclosing conflicts of interest as soon as they arise and effectively managing them (*refer to Attachment 2*)
- recognising the support and operational contributions of others in an appropriate manner
- assessing and minimising the adverse impacts of decisions and activities on the natural environment.

MANAGING CONFLICTS OF INTEREST

Conflicts of interest, whether actual, potential or perceived (*refer to Definitions*), must be declared by all members of the Council or subcommittee, and managed effectively to ensure integrity and transparency (*refer to Attachment 2*).

Every member of the Council or subcommittee has a continuing responsibility to scrutinise their transactions, external business interests and relationships for potential conflicts and to make such disclosures in a timely manner as they arise.

The following process will be followed to manage any conflicts of interest:

- whenever there is a conflict of interest, as defined in this policy, the member concerned must notify the President of such conflict, as soon as possible after identifying the conflict
- the member who is conflicted must not participate in the part of the meeting of the Council or subcommittee when the matter is being discussed, or participate in any decisions made on that matter. The member concerned must provide the Council or committee with any and all relevant information they possess on the particular matter
- the minutes of the meeting must reflect that the conflict of interest was disclosed and appropriate processes followed to manage the conflict.

A yearly conflict of interest register is maintained by the Secretary of the College Council. If there are any changes during the year, the member shall disclose the change to the President, and the register will be updated accordingly.

