

Happy Haven OSHC Policy

Policies, Procedures, Philosophy and Quality Improvement Plan Development and Review

Policy Statement

Happy Haven OSHC will provide effective management and a quality service through the ongoing development and review of policies, procedures, philosophy statements and Quality Improvement Plans, which are all required to run the organisation efficiently. These documents will be managed and updated to meet the needs of the services and their families. Policies and Procedures will also ensure a high standard of financial control, internal control and performance reporting. Happy Haven OSHC will ensure that all individuals are aware of and have access to all of these documents.

Objectives:

Happy Haven OSHC's Chief Executive Officer is ultimately responsible for the governance of Happy Haven OSHC Pty Ltd. They are accountable for the performance of the company, ensuring its solvency and complying with all legal, financial, and ethical obligations. The function of all Nominated Supervisors of Happy Haven OSHC run services is to ensure the delivery of its objectives, and to uphold the values, Philosophy, Policies and Procedures of Happy Haven OSHC.

Philosophy:

Happy Haven OSHC as an organisation will have an overarching philosophy statement. This will help establish the values, environment and culture we wish to uphold across all areas of the business. The company philosophy statement will be reviewed at least every 24 months, this will be determined from the most recent document approval date. The Chief Executive Officer, Chief Operations Officer, and a minimum of three additional staff members will be responsible for overseeing the review of the company philosophy statement. It is encouraged that input be sought by a variety of stakeholders.

Each Happy Haven OSHC service will also have an individual service philosophy, to better reflect their own OSHC children, families and community. Each service's philosophy statement will be reviewed at least every 12 months, this will be determined from the most recent document approval date. The Director and Regional Director are responsible for overseeing the review of the philosophy statements for any services they have management of. It is encouraged that input be sought by a variety of stakeholders. During the review process, the service philosophy statement is to be tabled at an OSHC Advisory or Governing Council meeting to seek feedback from the school community.

Quality Improvement Plan (QIP):

Services new to being managed by Happy Haven will have a QIP developed no later than 3 months after commencement. It is the responsibility of the Service Director (and in their absence, Educational Leader, and in their absence, Regional Director) to develop and review the QIP in consultation with the service's educators, children, families, and broader school community.

QIPs must have updates added at least every 3 months, or more regularly when major changes, strengths or issues occur.

QIP Working Documents will be saved in the following file path on SharePoint:

The QIP Working Document is the current, most up to date version of a service’s QIP which is to be saved as a Word document to allow for ongoing editing by the Service Director. The QIP Working Document is to be saved with the file name:

ServiceAbbreviation QIP yymmdd (for example, a QIP most recently edited by the Director of Happy Haven OSHC The Pines on 2nd of August 2021 will be saved as ‘TP QIP 210802).

Saving the file in this way will demonstrate the most recent occasion on which the Director has looked at and reviewed the document, which is required both internally and for external agencies (such as ESB) to demonstrate ongoing reflection and review of the service’s strengths, areas for improvement, and Exceeding Themes.

At the beginning of each school Term, these QIP working documents will be saved in separate locations to keep a record of previous QIPs and the history of its development. The file name can remain as is outlined above, however a new copy of each service’s QIP is to be saved as a PDF file in:

DL Service Directors – Documents > 7. Governance and Leadership > National Quality Framework (NQF) > Quality Improvement Plans > QIP (Dated - Do not Edit or Save Over) > *and then in each individual service’s folder*

A copy of this PDF version is also required to be saved in each service’s own individual SharePoint page, so as to be available to educators and families of the service, and so that it can be brought up upon request by the school, ESB or any other stakeholder wishing to access it.

Policy and Procedures:

Happy Haven OSHC Senior Leadership Team will ensure the development of all required policies under the Education and Care Services National Regulations and National Quality Standards.

New policies are to be developed as deemed necessary by Happy Haven OSHC Senior Leadership Team. This will be based on the following criteria:

- An issue or problem arises that is not addressed in a current policy
- A current policy is not meeting the current need
- Daily operations of the service are unclear to educators, families or school Governing Councils
- Educators, families or the Governing Council are unsure what to do in a certain situation
- There have been changes due to outside influences (for example the introduction of new legislature)
- All policies must reflect the current philosophy of the company

Happy Haven’s Policies and Procedures must be available to all employees, families, schools, Education Standards Board, Department of Education, Skills and Employment, and the Department for Education. Happy Haven OSHC Senior Leadership Team will ensure that all staff, parents and/or guardians entering the service have access to the approved Policy and Procedure documents. Authorised persons will be provided access to copies of approved Policy and Procedure documents on request.

Any persons involved in the service are to feel welcome to make suggestions and discuss any concerns they may have regarding current policies. Parents and educators will be informed of this policy on enrolment/employment and through the service’s information booklet and will be encouraged to be involved in the development and review of changes where appropriate.

Policies will be reviewed within an 18-month period and more frequently if the need arises or there are changes to legislation or recognised best practice. The Document Review and Change Log is used to track changes, the date changes become effective and review dates.

[DL-Head Office-Policies and Procedures \(SOP's\)-Document Review and Change Log](#)

The review of existing policies will be based on the following criteria:

- Is the policy operating effectively?
- Does it include appropriate responses to individual incidents?
- Does it meet the needs of all involved in the service?
- Does it meet the aims and objectives as outlined?
- Is it consistent with current philosophy?
- Is it consistent with current legislation, Acts, standards and the National Quality Framework?

Changes made to policies and procedures will be communicated to those that are directly affected. The date the changes become effective will be noted. All significant changes to approved Policy and Procedure documents or new approved Policy and Procedure documents will be communicated to all staff, parents and/or guardians entering the service and Governing Councils via email within two weeks of the document approval.

Where a change directly impacts parents and/or guardians no less than 14 days notice will be given. The Chief Relations Officer, Chief Compliance and Programming Officer, Chief Operations Officer and/or Chief Executive Officer will determine which policy changes are required to be communicated to all families and schools. The Chief Officer of Resources, Chief Finance Office, Chief Operations Officer, Chief Information Officer and/or Chief Executive Officer will determine which policy changes are required to be communicated to all employees.

All changes are to be recorded the Document Review and Change Log is used to track changes and review dates.

[DL-Head Office-Policies and Procedures \(SOP's\)-Document Review and Change Log](#)

As an ongoing practice specific policy may be communicated through Governing Council or Advisory Committee meetings, Microsoft Teams, email, communications through Fully Booked, notice boards, letters or personal contact to highlight any relevant issues. This may be required if there is a recurrent problem arising or to highlight any specific current issues in the running of the service.

Standard Operating Procedures (SOPs):

The service's SOPs will be reviewed every 12 months and more frequently if the need arises or there are changes to legislation or recognised best practice. SOPs are to be updated in line with changes to the related policies and procedures. When deciding upon when and how to alter procedures, the same criteria should be considered as with policy updates.

The Document Review and Change Log is used to track changes, the date the changes become effective and review dates.

[DL-Head Office-Policies and Procedures \(SOP's\)-Document Review and Change Log](#)

Communication of significant changes will occur within 10 business days to all staff, via an email which will provide a link to the SOP folder/document.

Where possible Staff Newsletters may be used to keep staff updated

References:

Part 2.2 Service Approval, Division 1, 31 – Condition on Service Approval – Quality Improvement Plan

Part 3.1 Quality Improvement Plans, 55 (1) & (2) – Quality Improvement Plans

Part 3.1 Quality Improvement Plans, 56 (1) & (2) – Review and Revision of Quality Improvement Plans

Part 4.7 Leadership and Service Management, Division 2, 168 (1) & (2) – Education and Care Services Must Have Policies and Procedures

Part 4.7 Leadership and Service Management, Division 2, 170 (1) & (2) – Policies and Procedures to be followed

Part 4.7 Leadership and Service Management, Division 2, 171 (1) & (2) – Policies and Procedures to be Kept Available

Part 4.7 Leadership and Service Management, Division 2, 172 (1), (2) & (3) – Notification of Change to Policies or Procedures

Relevant Documents:

Happy Haven Philosophy statement

SOP 1.12 Document Management

All Happy Haven SOP's

All Happy Haven Policies and Procedures

All Happy Haven QIP's

Document review and change log