Early Years Inspectorate Regulatory Report
School Age Services

TUSLA Identifier:	TU2019WX003SA
Name of School Age Service:	Sunny Days Afterschool Kilmore
Name of Registered Provider(s):	Helen Pegman
Address of School Age Service:	Kilmore GAA, Ballask, Kilmore, Co Wexford.
Eircode:	Y35 TA40

Date of Inspection:	13 February 2024			
Number of school age children present during inspection:	**AM**	Not Applicable	**PM**	20
Registration status:	Registered			
Conditions (if applicable):	Not Applicable			

Address of the Early Years Inspectorate	Primary Care Centre, Castle Park, Arklow, Co Wicklow
Inspection undertaken by:	L O' Connor
Title:	Early years inspector

Authority to Inspect

Tusla's Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

Description of Service:	Sunny Days Afterschool Kilmore is located within a village on the outskirts of Wexford town. The service operates from a muti-use premises within close proximity of a primary school. It operates Monday to Friday for 38 weeks of the year. The breakfast club operates from 8am to 9am, and an afterschool service operates from 2pm–6pm. The service caters for children aged 4 up to 15 years. Within the building, the children have access to the main care room with adjoining sanitary facilities. Within the premises, there is an indoor sports hall which the children can access. An outdoor area is located within the premises. There is a kitchenette available in the main care room. The registered provider operates five early years services within Wexford, including Sunny Days Afterschool Kilmore.

Staffing:	There are six staff employed to work directly in the service, not including the registered provider. The service also employs a relief staff member to work within the five services operated by the registered provider. There were two additional adults involved in the service, the two adults were not present during the inspection. On the day of inspection, there were four staff including a relief staff member present.

Additional Information:	The inspector conducted a planned focused inspection of the service. An Immediate Action Notice (IAN) was issued to the service on 14 February 2024 due to immediate fire safety concerns regarding Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013. A response was received on 14 February 2024 to outline the actions taken by the service. A referral was made to the Fire Officer on 14 February 2024. An inspection was carried out by the Fire Officer on 06 March 2024. On the 09 May 2024, the registered provider provided an update of the schedule of works in place to address the findings of the Fire officer. The registered provider stated the works are due to be completed by 30 June 2024. A referral was made to the Environmental Health Service on 29 February 2024. It was confirmed with the registered provider that the service prepares and reheats food on a daily basis and did not notify the Environmental Health Service. Through the CAPA response on 05 April 2024, the registered provider submitted documentary evidence to demonstrate the School Age Service notified the Environmental Health Service and has since been placed onto the relevant register. The service submitted a proposed Change in Circumstance form to the Registration Office in the inspectorate on 14 March 2024 to request the addition of two adults to be included on the register as the registered providers. This change was approved on 02 April 2024.

Legislation

Tusla's Early Years Inspectorate is the independent statutory regulator of School Age Services in Ireland, and its role is to promote and monitor the safety and quality of school age care provision in accordance with the following legislation:

- The Child and Family Agency Act 2013, Part 12.
- Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022.
- The Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018).

A school age service means any early year's service, play group, day nursery, crèche, day-care or other similar service which:

a) caters for children under the age of 15 years enrolled in a school providing primary or post-primary education,

b) provides a range of activities that are developmental, educational and recreational in manner, which take place outside of school hours, the primary purpose of which is to care for children where their parents are unavailable, and

c) the basis for access to which is made publicly known to the parents and guardians of the children referred to in point (a) above.

It is the responsibility of a registered provider to ensure the safety and well-being of school age children, and the above legislation authorises Tusla to assess compliance with the Regulations.

Inspection Methodology:

The inspection is unannounced to assess compliance with the Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018), Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022, and the Child Care Act 1991, Section 58 as amended by Part 12 of the Child and Family Agency Act, 2013.

The findings on inspection are gathered through a triangulation method, including:

- Information obtained through examination of documentation.
- Direct observation.
- Discussion with relevant staff.

This inspection aims to determine the extent to which service is appropriate for the care, safety, and wellbeing of children in accordance with the regulations cited above.

Inspection findings are documented in the School Age Services inspection report which is first issued in draft format to the service with an opportunity to respond to any findings. Where statutory requirements are identified as not being met, the registered provider must demonstrate how they have corrected the non-compliance and how they will prevent them from re occurring. The Corrective Action and Preventive Action plan (CAPA) will be used to inform decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements, an escalation process may be commenced.

The Inspectorate reserves the right to edit CAPA responses received for reasons including clarity, completeness and compliance with administrative and legal processes.
The contents of the report are compiled by the Inspectorate body.

Acknowledgements:

The inspector wishes to acknowledge the co-operation of the children, registered provider, person in charge, and staff who were present on the day of inspection.

Summary of Findings:

On inspection, the registered provider was found to be compliant in relation to the following:

- Regulation 9(1)(2)(4): Staffing levels;
- Regulation 8(1)(b)(c): Vetting disclosures;
- Regulation 12: Insurance.

On inspection, the registered provider was found to be non-compliant under:

- Regulation 8 (1)(a)(d)(2): Vetting disclosures;
- Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

Conclusion and follow-up actions:

The registered provider provided actions to correct and prevent the reoccurrence of the non-compliances identified under Regulation 8: Vetting disclosure. This has been accepted by the inspectorate and is deemed to meet the regulatory requirement.

The requirements of Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013 remain outstanding.

- The corrective and preventive actions submitted relating to the services practices and procedures regarding emergency medication, first aid, the availability of a rest area and cleaning routines within the service have met the requirement. The requirement has been met, and it will be reviewed on the next inspection.
- It is acknowledged the service is actively engaged with the relevant bodies to implement reasonable measures regarding fire safety. Regarding the non-compliances relating to fire safety identified during the inspection, the registered provider has provided assurances that these measures have been put into place. These measures will be assessed on the next inspection.
- The registered provider has not provided actions to address the non-compliance relating to heating within the children's sanitary area. This non-compliance remains outstanding.

Regulation 8: Vetting disclosures
(1) A registered provider of a school age service other than a childminding service shall ensure that each employee, unpaid worker and contractor is suitable and competent, taking into consideration the nature of the needs of children, including by- *(a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,* *(b) consideration of references from reputable sources in the case of a person who has no past employers,* *(c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochana in accordance with the Act of 2012 in respect of the person, and* *(d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.* *(2) The procedures specified in paragraph 1 shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the school age service.*
Regulatory Requirement Met
(1) Ten staff files were reviewed by the inspector and the following was available: (b) Non-Applicable. (c) Garda vetting was in place for the ten adults involved in the service.

Regulatory Requirement not met
(1) (a) On the day of inspection, six references were available and validated as required. However, the following was not available within the service: • Validated written references were not available for two staff members. • Three written references were available for three staff members. However, these references were not validated, and a second reference was not available. • Two references were available for one staff member; however, they were not validated as required. (d) Police vetting was required for two staff members and only one was available. (2) The procedures, as required, were not carried out prior to the commencement of employment of staff within the service.
Corrective & Preventive Action Response submitted by the Registered Provider
(1) (a) The registered provider through their CAPA stated that staff references have been validated and the services new reference validation sheet has been completed for all staff. The required validated references were submitted for review by the inspectorate. (d) The registered provider stated all staff files have been reviewed and updated for Garda Vetting and Police clearance has been obtained for staff members as required. (2) The registered provider stated that the required two validated references, Garda vetting and police clearance will be available and on file prior to staff commencing work with us. The registered provider highlighted the services recruitment policy has been updated to reflect this. The services updated recruitment policy was submitted to the inspectorate.
Summary of Findings
Based on the actions and supporting documentation, the regulatory requirement of Regulation 8: Vetting disclosures has been met.

Regulation 9: Staffing levels
(1) Subject to this Regulation, a registered provider of a school age service other than a childminding service shall ensure that there is at all times an adequate number of competent and suitable adults on the premises while the service is operating. *(2) Without prejudice to paragraph (1), a registered provider of a school age service other than a childminding service shall ensure that there is a minimum ratio of 1 adult to 12 children at all times while the service is operating.* *(4) A registered provider of a school age service shall ensure that the school age children attending the service are appropriately supervised at all times.*
Regulatory Requirement Met
(1)(2)(4) There was an adequate number of adults working directly with the children throughout the inspection, and the adult to child ratio was maintained at all times. On the day of inspection, at 2.30pm and 4.00pm, there were 20 school age children present with four adults. The children were appropriately supervised by the adults present throughout the inspection.

Regulation 12: Insurance
A registered provider shall ensure that the school age service is adequately insured.
Regulatory Requirement Met
Insurance was in place for the number of children which the service was registered to accommodate at any one time.

Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013
It shall be the duty of every person providing an early years service to take all reasonable measures to safeguard the health, safety and welfare of children attending the service and to comply with regulations made by the Minister under this Part.
Regulatory Requirement Met

- The children were provided with a range of activities for the duration of the inspection. Within the main care room, the children were provided with art and craft materials. There were a number of children who were fully engaged with the materials for the duration of the inspection. The staff were observed to sit and participate with the children in the activity. The children had access to an indoor sports hall, and two staff facilitated some children within this space for the duration of the inspection. While children played games with their peers, the staff facilitated group games including red light, green light. The children fully participated, and staff supported children with problem solving and negotiation skills when required. These meaningful interactions appeared to support the children in developing skills, while also building positive relationships between the staff and children. This was reflective of the service policy which outlined that the service seeks to empower children to actively pursue their own learning and enjoyment.

- For the course of the inspection, staff were overheard to engage in meaningful conversations with the children and were familiar with them including key events happening in their lives. For example:
    - One child was taking part in a musical show that evening and many of the staff were overheard to have a conversation with the child about it. The child's achievement was celebrated further at collection time, as staff discussed the show with the parent(s) and guardians who were attending.
    - Upon returning to the service from collection from the school, staff were overheard talking to a child about a sporting event which had started the day previous. The child responded with excitement and explained they were going to watch it when they got home as it was on late the night before.

The staff proceeded to acknowledge the child's jacket, which had the name and logo of the sporting event, and the child proudly showed their jacket and the logo to the staff. The child was overheard to enthusiastically share their ideas on who they thought would win.

These practices support a child's sense of identity and belonging within a service and promote the development of positive relationships. The knowledge of the staff towards the children was also demonstrated through other practices including food, homework, and activity preferences.

Regulatory Requirement not met

1. The practices regarding fire safety was at variance with the service's fire safety policy and posed a risk to the safety of children and/or staff in the event of an emergency evacuation. The fire safety policy was not available onsite on the day of inspection and was submitted by the registered provider the next day. The following was noted:
    a. The service's fire safety policy stated fire doors must be free of obstruction and easily opened. On the day of inspection, the push bar of a fire exit door within the 'pitch' was observed to be tied closed with rope. This was brought to the attention of the person in charge during the inspection and the rope was removed.

    b. The service's fire safety policy stated that fire drill practices take place monthly. On the day of inspection, the registered provider confirmed the service had not carried out fire drills since the service was in operation.

    c. In discussion with the registered provider, it was confirmed a fire assembly point was not in place for the children and staff in the event of an emergency evacuation.

    d. The service's fire safety policy stated fire exit routes were clearly displayed in each room. On the day of inspection, and in discussion with the registered provider, it was confirmed that the procedures to be followed in the event of an emergency were not in place within the service. In discussion with staff, varying routes for exit in an emergency were identified.

An Immediate Action Notice (IAN) was issued to the service on 14 February 2024 in relation to the immediate fire safety concerns. Responses were received from the registered provider on the 14 and 15 February 2024 outlining the actions taken by the service.

2. A care plan was not available for a child who was prescribed emergency medication. This was at variance with the service's administration of medication policy which outlined a care plan is developed in partnership with the parent, prior to a child starting in the service. This practice posed a safety risk in the event of an emergency.

3. Reasonable measures were not in place by the registered provider to ensure the service was adequately heated.
    a. On the day of inspection, the staff explained that two of the three heaters within the care room were due to be fixed. At 3.30pm, the care room was 13.7°C. There were 12 children present in the room at this time.
    b. The sanitary areas for the children were 12.7°C and 11.7°C at 4.00pm. There were no means of heating within the area.

4. An adult trained in First Aid Responder (FAR) was not always available to the children while the service was in operation. On review of the staff sign in/out records, there was no adult present during the breakfast club on the day of inspection from 8.00 to 9.00an with FAR. This was at variance with the service's qualifications policy which stated there will always be one member of staff trained as a First Aid Responder on the premises.

5. Children were not provided with an area to rest and retreat within the room. During the inspection, a child asked a staff member for "the cushions". The staff member retrieved two large cushions and placed them on the floor beside a book cabinet. The child was observed to rest on the cushions for approximately 20 minutes whilst playing with an action figure. That practice was at variance with the service's equipment policy which stated the layout of the room must ensure the furniture and equipment is accessible to the children.

6. Reasonable measures were not in place regarding the service's cleaning routine. The service's infection control policy stated that cleaning procedures are carried out daily within the service and signed off using the service's cleaning documents for each area. On the day of inspection, there was notable debris and collections of dust on the outskirts of the care room. Upon review, the cleaning document for 14 February 2024 was signed by staff as completed.

Corrective & Preventive Action Response submitted by the Registered Provider

1. A response to the Immediate Action Notice was received from the registered provider on the 15 February 2024. The registered provider stated the fire safety policy and procedures would be reviewed next week [19 February 2024 - 23 February 2024] and a meeting was organised with the staff of Sunny Days Kilmore on the 19 February 2024. The registered provider stated spot checks on fire safety will be carried out monthly going forward and a record of these will be kept with any outcomes and steps taken as a result of the checks.
   a. The service added a new check to the manager's checklist to be completed before the service opens daily to ensure the rope/tie is removed from the fire escape doors in the pitch area. This in operation in the service and began on 14 February 2024.

      Through a CAPA response on 05 April 2024, the registered provider stated the fire door was fixed. It was outlined that the service have developed a fire safety checklist which will be completed monthly by the fire safety officer. The daily checklist and fire safety checklist was submitted to the inspectorate.

   b. The registered provider stated two fire drills were carried out on the 14 February 2024. Documentary evidence of fire drills was submitted to the inspectorate. The registered provider stated fire drills would be carried out daily for two weeks and corresponding records will be completed. Following the two weeks, fire drills would be carried out monthly as per the fire safety policy and will be stored in the service safety folder. Fire drills and corresponding records will be monitored by the registered provider.

   c. The registered provider has assigned a fire assembly point and ordered signage. This will be in place before the service reopens on Monday 19 February 2024.

Through a CAPA response on 05 April 2024, the registered provider stated since meeting with the Fire Officer the fire assembly point has been re-located. The service fire safety policy and fire evacuation plans have been updated to reflect this. The checks to the fire assembly point were added to the fire safety checklist which is completed monthly and monitored by the registered provider. Supporting documentation, including a fire safety checklist and photographs of the assembly point was submitted to the inspectorate.

d. Evacuation plans were drawn up on 14 February 2024 and will be displayed in all relevant areas of the service from Monday 19 February 2024 when the service reopens.

The registered provider stated through their CAPA submission on 05 April 2024 the plans were drawn up and placed into each room where they are visible. It was outlined that the fire plans were added to the managers checklist and monthly fire safety checklist to ensure they are in place. Space copies are kept in the fire safety folder. Supporting photographs to demonstrate this action was submitted to the inspectorate.

In correspondence on 09 May 2024, the registered provider stated all staff of Sunny Days have completed fire safety training and a fire officer has been appointed. The fire officer training will be completed before 31/05/2024 and certificate will be kept in staff file.

2. The registered provider outlined the care plan has since been placed into the child's file. Another copy of the care plan was placed alongside the child's medication for quick and easy access in the event of an emergency. It has been noted in the service diary to review every 3 months. There is a plan with the parents to update as required or if anything changes. A copy of the care plan was submitted to the inspectorate.

3. The following was submitted through the CAPA response regarding the heating measures within the service;
    a. The registered provider stated the heaters are fixed and working in the care room. Thermometers have been installed, the temperatures will be monitored by the staff and the heating will be used if it is below 16° Celsius. This will ensure the room is kept at a comfortable temperature for the children. Photographs of the thermometer and heaters was submitted by the registered provider.

    b. Thermometers have been installed in the sanitary area to monitor the temperature. The landlord is looking into installing heating in the sanitary areas if possible.
4. The registered provider outlined that two staff will be trained in First Aid Response (FAR). One of the two staff trained will be present within the service. This will be reviewed each September.

5. The registered provider stated the care room has been reorganised and items have been added to make it more homely. An area for rest has been added as a permanent area of the room. The service will reassess how the room is working for the children and rearrange if needed. Photographs of the care room showing the rest area was submitted.

6. Through the CAPA response, the registered provider stated the care room has been cleaned thoroughly by the staff members. A meeting was held to put new cleaning checks in place, and it will be signed off in the services diary at the end of each day. Checks will be carried out by the registered provider on a monthly basis to ensure cleaning standards are high. Supporting evidence including a copy of the cleaning schedules and photographs of the cleaning schedules displayed in the care room was submitted.

Summary of Findings

The actions taken by the registered provider have addressed 5 of the 6 requirement of Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

The inspectorate is assured the registered provider has put reasonable measures in place for provisions relating to emergency medication, first aid, the availability of a rest area and cleaning routines within the service. Furthermore, assurances have been provided regarding measures in place regarding the non-compliances identified during inspection relating to fire safety. It is noted, there is ongoing work with the relevant bodies to ensure reasonable measures are in place relating to fire safety.

While it is acknowledged the service have addressed the above non-compliances, the requirement has not been met regarding the heating measures within in the sanitary area. It is acknowledged the works are ongoing, however, until completed the non-compliance remains outstanding.