Early Years Inspectorate Regulatory Report
School Age Services

TUSLA Identifier:	TU2021WD003SA
Name of School Age Service:	Helena O Meara LTD
Name of Registered Provider(s):	Helena O'Meara
Address of School Age Service:	Garranbane National School, Garranbane, Dungarvan, Co. Waterford
Eircode:	X35 X762

Date(s) of Inspection:	27 and 28 April 2026			
Date of regulatory compliance meeting	11 June 2026			
Number of school age children present during inspection:	**Day 1**	16	**Day 2**	46

Address of the Early Years Inspectorate	Primary Care Centre, Castle Park, Arklow, Co. Wicklow Y14 AE10
Inspection undertaken by:	L O' Connor and S O' Brien
Title:	Early years inspectors

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:	The service is in Garranbane, which is on the outskirts of Dungarvan, Co Waterford. The service is registered to accommodate a maximum of 70 children aged 4 to 12 years. It operates from the grounds of Garranbane National School and has the use of two care rooms; a prefabricated building and a classroom within the main school premises. The service operates from 7.30am to 9am and 1.15pm to 7pm during term time. Outside of term time, the service operates from 8am to 2pm. The service has access to the astro pitch, grass and tarmac area within the school grounds. This is one of 13 services which the registered provider operates across the south-east of Ireland.
Staffing:	A total of fifteen adults were employed to work in the service. This does not include the registered provider, who does not work directly with the children. During the two days of inspection, the area manager and two staff members from another of the registered provider's services were present providing relief cover. On day 1, there were five adults working directly with 16 children aged 5 to 12 years. On day 2, there were six adults working directly with 46 children aged 5 to 12 years.
Additional Information:	The inspection was triggered by information which was submitted to the Inspectorate. A referral was made to the Child Safeguarding Statement Compliance Unit on 06 May 2026. Please refer to findings in this report under Section 58(G) for further information.

	A Regulatory Compliance Meeting was held with the registered provider on 11 June 2026 to discuss the findings of the inspection.

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 years 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 inspectors wish to acknowledge the co-operation of the children, registered provider, person in charge, and staff who were present on the day of inspection.

Statutory Notices		
Notice	**Date Served**	**Detail**
Improvement Notice IN	28/04/2026	There were inadequate processes for the safe collection of children from the school. Staff were not provided with information about which children should be attending. This transition between school and after-school was inadequately managed. Staff did not have clear information. Nine children who were not due to attend the service arrived. Contact was not made with the children's parent and/or guardian.
Status	Action was taken by the registered provider following the service of the notice and the registered provider submitted a written response detailing the corrective and preventive actions. These were accepted by the Inspectorate.	
Improvement Notice IN	28/04/2026	There was insufficient information available to the staff in relation to the medical needs of children. Children's files were inaccessible to the staff to ensure their safe care. Staff were unfamiliar with children's potential medical needs.
Status	The registered provider submitted actions to the inspectorate which were not accepted as it did not adequately address the risks identified on inspection. The timeline was varied and the service submitted corrective actions which were accepted by the inspectorate. An adequate preventive action was not received, and this will be reviewed on next inspection.	

Summary of Findings:

The inspectors planned to examine Regulation 8: Vetting disclosures, Regulation 9: Staffing levels, Regulation 10: Policies etc. of a school age service, Regulation 12: Insurance, Regulation 13: Complaints and Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

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

- Regulation 9(2): Staffing levels:
- Regulation 8(1)(c)(d): Vetting disclosures:
- Regulation 10: Policies etc. of a school age service:
- Regulation 12: Insurance.

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

- Regulation 7; Notification of change in circumstances:
- Regulation 9(1)(2)(4): Staffing levels:
- Regulation 8(1)(a)(b)(2): Vetting disclosures:
- Regulation 13: Complaints:
- Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

Conclusion and follow up actions:

Through the actions and supporting documentation submitted by the registered provider, it is deemed that the requirement is met for Regulation 7; Notification of change in circumstances, Regulation 9: Staffing levels and Regulation 13: Complaints. The actions to address the findings 1, 2, 3, 4(b)(c), 5, 6, 7, 8 under Section 58(G) were accepted. These regulations will be assessed on the next inspection.

Regulation 8: Vetting disclosure(1)(a)(b)(2) remains outstanding and it will be reviewed on the next inspection. Please refer to the relevant section within this inspection report. Finding 4(a) under Section 58(G) was not accepted and it remains outstanding.

Regulation 7: Notification of change in circumstances
(1) A registered provider of a school age service shall, subject to paragraph (2), notify the Agency in writing of any proposed change in the details in relation to the school age service contained in the register pursuant to section 58C (2) of the Act or Regulation 6(2) or 6(3) at least 60 days before it is proposed that the change would take effect. *(2) Where a registered provider has been unable for good and proper reason to notify the Agency within the time specified in paragraph (1) of a change in the details in relation to the school age service contained in the register pursuant to section 58C (2) of the Act or Regulation 6(2) or 6(3), the registered provider shall notify the Agency in writing of the change as soon as possible thereafter.*
Regulatory Requirement not met
(1)(2) The registered provider did not notify the agency of a change in the person in charge. It was confirmed that the person listed as person in charge had ceased employment with the service. It is acknowledged that a temporary manager from another part of the organisation was present for the duration of the inspection.
Corrective & Preventive Action Response submitted by the Registered Provider
The Change in Circumstance was submitted to the inspectorate. The Senior Area Manager is the only person in charge of change in circumstances forms and will record references numbers for future checks.
Summary of Findings
The Change in Circumstance information was submitted to the Inspectorate on 24 June 2026. Regulation 7: Notification of change in circumstances will be assessed on the next inspection.

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) (c)(d)

In total, the files for sixteen staff members were reviewed. Garda Vetting disclosures were available for all adults working directly with the children. It was demonstrated that the service adhered to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Through a review of documentation, it was determined that police vetting was not required.

Regulatory Requirement not met

(1) The following was noted during the review;

(a)(b) Thirty-two references were required from a previous employer or a reputable source, and twenty-seven references were available. Of the twenty-seven, sixteen references were not validated.

(2)

Garda Vetting disclosures and/or references were in not place prior to twelve staff being appointed, assigned or allowed access to or contact with a child attending the school age service. This was at variance with the service's child safeguarding statement which

outlined that Garda Vetting and validated references would be in place for all staff, prior to access to children.

Corrective & Preventive Action Response submitted by the Registered Provider

(1)

(a)(b) All staff are now validated and sent. All references are validated prior to staff starting work. A new template is in place to tick off all items needed for staff on the front of their staff file, where an employer will not give a reference over the phone or email one, it will be noted that they were contacted. However, in those cases, a reference from another person will be sought where feasible. Every effort is required to obtain references and validation for all staff.

The registered provider submitted 5 references and 7 validations.

(2) The registered provider stated that no staff will start employment until vetting has returned. They will be informed of this at interview stage. Every effort is required to obtain references and validation for all staff.

Summary of Findings

The requirement for Regulation 8: Vetting disclosure has not been met. While actions were submitted to outline the measures taken regarding recruitment procedures, evidence of validation for 9 references remain outstanding. This regulation will be reviewed on the next inspection.

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.

(3) Without prejudice to paragraph (1), a registered provider of a school age service shall ensure that, where the person in charge operates the service singlehandedly, a second person familiar with the operation of the service and in a position to provide assistance in operating the service to the person in charge is, at all times, within close distance of the service and available to attend the service to assist the person in charge or the registered provider of the childminding service in the event of an emergency.

(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)

An adequate number of adults were working with the children for the two days of inspection and the adult to child ratio was maintained throughout. On day 1, there were 16 children present with 5 adults. On day 2, there were 46 children present with 6 adults.

Following a review of a sample of dates between 30 March to 26 April 2026, it was deemed that the adult to child ratio was maintained at all times.

Regulatory Requirement not met

(4) The children were not appropriately supervised by the adults throughout the inspection. In discussion, staff members explained at 2.30pm the children arrived in the service from their classroom. The following was observed during this time;

1. The service did not follow their own policy which stated that a child could not arrive to the service unaccompanied. At 2.30pm, 30 children arrived at the service unaccompanied.

2. Staff did not supervise the late arrival of children to the prefabricated building; they were observed inside while the policy stated that that all children are supervised during

collection times.

3. The transition between school and the service was not supervised adequately to ensure children's safety. At 2.37pm staff identified that a child who should be present had not arrived at the service. Staff found this child at the front of the school adjacent to the road and brought them to the service at 2.40pm.

Corrective & Preventive Action Response submitted by the Registered Provider

1. A change in policy to reflect how children are picked up from schools had been done and made it mandatory for all staff to be aware of this policy. Management will be read out this policy at check in meetings and staff will sign a declaration that they have read and understood it. Area managers now carry out mock inspections to see if staff are following our policies and the details in them.

2. The registered provider outlined that the following actions were taken regarding the supervision of children who arrive late to the service;
   - A new booking in system was put into place immediately. Record of booking in and a countdown board when a child leaves, so all staff can see the board and know when the numbers change on the floor. The service set up a system with the names of children on a list that is ticked off as each child arrives for each room in the SA service.
   - One staff member has been allocated the job of putting the names on a tablet.
   - The service set up a system of using a white board listing the amount of children that should be in the SA service on that day and broken down into each room also.
   - If a child is not in the service on the day they are booked in, a staff member will contact parent/guardian and let them know immediately. If there is no answer the staff goes to the school to follow up.
   - A risk assessment was completed of children coming to the service from the bus. When a risk was identified, the service stopped children coming to the service from the bus.
   - The service decided that a person will be positioned to collect the children at the front of the school reducing the risk of anyone leaving when they should be in their care. This staff member will collect the children and walk them back to the afterschool door. If ratios

allows us, we will send 2 staff to the front of the school for a safer transition.

3. The registered provider stated that any new staff will immediately shadow a familiar staff member for two weeks. The new staff member will not collect the children from the school or door or sign them out to let them go home. Only familiar staff will collect the children and the most familiar staff will collect at the front of the school. No new staff members will be in charge of signing in and out until they have become familiar with all the children and their families.

   The most familiar staff member along with a second staff member, if we can allocate one, will have a booking in sheet with names at the front of the school to accompany children to the afterschool. Not until all children have left and the staff members are sure no one else if left behind, will the staff and children leave to go to the afterschool. The second phone is to be with the staff at the front of the school for communication and support purposes.

   The registered provider submitted an agenda for a staff meeting which included reference to the service's collection and drop procedures.

Summary of Findings

Based on the implementation of the actions and assurances submitted by the registered provider, it is deemed that the requirement for Regulation 9: Staffing levels (4) has been met. The actions will be assessed on the next inspection.

Regulation 10: Policies of a school age service

A registered provider of a school age service shall ensure that the policies and statements specified in Schedule 6 are in place for the service.

Regulatory Requirement Met

The service had a policy on managing behaviour which outlined the required procedures as set out by Schedule 6.

Regulation 12: Insurance
A registered provider shall ensure that the school age service is adequately insured.
Regulatory Requirement Met
The registered provider demonstrated that there was sufficient insurance in place for the number of children which the service was registered to accommodate. The policy was dated as the 28 March 2026 to the 27 March 2027.

Regulation 13: Complaints
(1) A registered provider of a school age service other than a childminding service shall ensure that the complaints policy of the service specifies— *(a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,* *(b) the manner in which such a complaint shall be dealt with, and* *(c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.*
Regulatory Requirement Met
(1)(b)(c) The policy provided details on how a complaint would be managed and the procedures for how a person who makes a complaint is kept informed.
Regulatory Requirement not met
(1)(a) The service's complaint policy did not provide the procedure to be followed by a person for the purposes of making a complaint in relation to the service. The registered provider confirmed that person named on the service's complaint policy was no longer employed by the service.
Corrective & Preventive Action Response submitted by the Registered Provider
(1)(a) The registered provider stated that the complaints policy has been updated and will be under constant review.

The services updated complaints policy was submitted to the inspectorate.

Summary of Findings

The requirement has been met for Regulation 13: Complaints and it will be reviewed on the next inspection.

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 had access to two care rooms; the prefabricated room and a classroom in the main school. The children ate their snack and completed their homework in the prefabricated building. Their bags and personal belonging were stored in cubbyholes, and the fire exit routes were unobstructed. The area manager explained to the inspectors that a second room the school building was available for busier days. The children had access to games, jigsaws and other equipment which were age appropriate.

On review of the service's rosters, it was confirmed that a staff member trained in first aid was always available within the service. The area manager explained to the inspectors that they were temporarily working within the service, and this was reflected through the rosters. In discussion with staff members, they were familiar with the persons with key responsibilities within the service, for example where there may be a safeguarding concern.

Regulatory Requirement not met

Two improvement notices were served during this inspection. See page five of this report for details.

1. Risk management procedures were not implemented to mitigate against known risks which were identified by the registered provider, temporary manager and staff members. Staff including the registered provider and area manager had identified risks regarding inadequate procedures for safe arrival and oversight of which children should be attending. While these

risks were known, actions had not been implemented to reduce the likelihood of adverse outcomes for children.

2. The procedures outlined by staff members in the case where a child who may be unaccounted for, were not aligned with the service's collection policy or Child Safeguarding Statement. The following was noted during the inspection;

   a. The inspector found that during October 2025, a child who was booked to attend the service left school by bus instead. The procedures, as set out in the service's collection and drop off policy were not followed regarding a child leaving the service unaccompanied and/or the case where a child does not arrive to the service. The staff member confirmed that preventive measures were not put into place afterwards to reduce the risk of it reoccurring. This was at variance with the service's child safeguarding statement outlined that the service carried out risk assessments and safety audits to reduce the likelihood of a missing child. While it is noted that a risk assessment template was available, however, it was confirmed that this was not completed regularly and/or daily. The hazards listed were generic, not service specific and did not include any of the risks identified by the staff members.

   b. In discussion with staff members, there was a varying understanding of the procedure, as set out in the services collection policy, where a child may be unaccounted for and/or not arrive to the service. This posed an increased risk of a delayed response if child was unaccounted for or did not arrive to the service.

   c. A system was not in place to ensure that staff members always had access to relevant information on the children. It was confirmed that the cabinet where the children's files and information was stored was locked and that the files were often inaccessible to staff members. This did not allow the staff members to follow the service's drop off and collection policy which stated if a child does not present to the service, the staff member should contact the parent or other emergency contact from contacts list.

3. The registered provider did ensure that information was available to staff, parents and members of the public about their Child Safeguarding Statement. This posed a risk as there may be a delayed response with a safeguarding concern. The following was observed;

   a. The service's child safeguarding statement was not on display within the service.

   b. On review of the service's child safeguarding statement, there were adults listed as having key roles and responsibilities regrading child safeguarding who were not in the service. In discussion with the temporary manager and staff members, they were not familiar with these adults. In later discussions with the registered provider, they advised that these adults have not worked in the service for a long time.

4. The registered provider did not ensure that the structures, as described within the staff supervision policy, to support new and existing staff members in their role were in place. The following was noted;

   a. The induction procedures for relief staff members were ineffective to provide them with the relevant information key to their role when working directly with children. This was at variance with the service's Child Safeguarding statement which outlined that the registered provider would ensure that staff were appropriately trained. It was confirmed that procedures to provide the temporary manager or staff members with relevant information, prior to commencing their role within this service, was not in place. These included general information and information on procedures relating to fire safety, allergies or collections.

   b. The induction procedures for new staff members were unclear as the information provided was contradictory. In discussion with the temporary manager, they advised that one staff member had begun their employment with the service on day 1 of the inspection. They advised that the staff member would be reading policies and procedures on day 1 and 2. On the second day of inspection, a signed document which declared that the staff member had read and understood the policies and procedures was reviewed.

This document was dated the 28 April 2026. In discussion with the staff member, they confirmed that they had not read the policies and procedures of the service.

c. The service training policy outlined that existing and new staff members would have opportunities for support and supervision through appraisals and regular team meetings. It outlined how these would provide a space for problem solving, debriefing and support for staff members. It was confirmed that these structures, including team meetings, were not in place in the service.

5. The registered provider did not ensure that appropriate records were maintained regarding the children or staff members in attendance. This posed an increased risk of a delayed response in the event of an emergency evacuation, as the actual adults and children present within the service may not be known.

a. Children's attendance records were not consistently maintained. On day 1, the temporary manager advised that the battery on the electronic device was gone and that a paper list was in place. However, on review of this list there were 19 children named while 16 children present. This was at variance with the service's collection policy which stated that an accurate record is kept of all children in the service including any departures to ensure that all children leave the premises with either their main carers or the adults who are authorised to collect them.

On day 2 at 1.40pm, one child was marked in however, was not present in the service. Seven children who were present were not marked in. The staff members were made aware by the inspector and requested to update the records.

b. The registered provider did not ensure that effective measures were in place to ensure staff signed in and out of the service. On day 1, three of six staff members were signed into the service.

6. The registered provider did not ensure that staff were provided with accurate information regarding the services procedures for the administration of medication. The information provided to the inspectors was contradictory and the procedures were unclear. The following was noted;

   a. The administration of medication policy in place referred to another service which was owned by the registered provider. The procedures, to include administration of anti-febrile medication, were detailed in the policy. However, in discussion with staff members they confirmed that the service does not administer anti-febrile medication.

   b. Staff were unclear of the procedures of the service regarding the administration of medication. On day 1, the temporary manager explained that they were unsure if there was an administration of medication policy. Through further discussion regarding a child who required emergency medication, they advised that children self-administer and that the service does not give medication. However, the service's policy outlined where a child attending the service have specific medical condition which requires the administration of medication, a key staff member will be named to administer and trained to do so. The policy further outlined a child may not self-administer unless they have the competence, knowledge to do so and only when full written authorisation is given by their parent/guardian. The parental consent form, as referred to in the service's policy, was not in place for this child.

7. The registered provider did not ensure that staff members and parents were provided with accurate information regarding the procedures of the service. The following was noted;

   a. The temporary manager provided the inspector with a folder with information which was accessible within the main care room for the parents. They advised that this included the service's policies. On review, relevant information for parents was not available within this folder.

b. On review of the service's collection and drop off policy, it was not service specific, and it did not detail the actual drop off and/or collections which were occurring daily within the service.

8. The procedures as set out in services accident and incident policy were not consistently implemented. This may pose a potential safety risk if medical treatment may be required. The following was noted;

a. On review of accident and incident reports, it was observed that four of the twenty reports had not been signed by the child's parent or guardian. Therefore, it could not be determined if the parent of guardian of the child involved in the incidents had been informed.

b. A record of an incident which occurred in October 2025 was not available.

Corrective & Preventive Action Response submitted by the Registered Provider

1. Daily and weekly risk assessments are carried out. The area managers now do random mock inspections to check that our policies are been followed and a report is given back to the service for a follow up and improvement if needed. Risk management processes are being carried out on regular basis. Governance measures now include regular support and supervision with a staff information board; monthly staff meetings and a reporting email is now in place for immediate communication with management.

2. Through the CAPA process, the registered provider stated the following measures were implemented:
   a. The service's collection policy has been updated. Booking in system is through text, phone call or in person so all staff know by a list who is to be collected. Booking list printed out on a visual board.

   b. A change in policy to reflect how children are picked up from schools had been done and made it mandatory for all staff to be aware of this policy. Management will be read out this policy at check in meeting and staff will sign a declaration that they have read and

understood it. Area managers now carry out mock inspections to see that staff are following our policies and the details in them. Any child booking in late or not booked in that arrives to the afterschool re our policy, the parents are contacted immediately. A new booking in system now have all booked in names. The assistant manager ensures the drop off and collection policy is followed daily for the safety of the children

c. All paperwork is available to all staff for emergency numbers and all staff have read and understood our new drop off and collection policy. The files are available to all staff, the cabinet is unlocked by the assistant manager daily on the first bell. A key is now available in the filing cabinet for all staff to access the children's files in case the assistant manager is not there.

The registered provider submitted an agenda for a staff meeting dated April 2026 which listed the service's collection and drop procedures for discussion.

3. In response to the finding regarding the service's child safeguarding statement, the registered provider stated that the following was implemented;
   a. The child safeguarding statement is on display inside the afterschool door. All parents can read the child safeguarding statement as it is now accessible where they collect and drop their children.
   b. All staff names have been updated on the child safeguarding statement. Going forward, if there are any changes in staff, the names will be changed immediately.

4. The registered provider stated that the following measures were implemented into the service regarding supervision procedures for new and existing staff;
   a. The actions submitted through the CAPA process did not relate to the non-compliance.

   b. A new induction pack has been made up. New staff will shadow staff for 2 weeks and will read policies and sign to ensure they are aware of their duties within the service. All staff are familiar with the policies and staff must initial each section to say they have read it. Policies are now being updated to keep them as simple as possible. There is a different

policy for each service. The core policy remains the same but differences in procedure for the specifics in each service.

c. The service has extended the working day for staff members for one day a month so all staff to ensure all staff will be present for staff meetings going forward. A longer notice period will be given to staff of dates of meetings to ensure all staff can attend as many arranged meetings have failed due to staff not been able to attend as they have employment elsewhere and the service are very restricted on Afterschool class, as it is used right up to the school bell.

5. The following actions were submitted by the registered provider to outline the measures taken to address the non-compliance identified:
   a. New drop off and collection policy now in place and sent. New booking in system is now in place and working efficiently. All parents are reminded to book in by text, call or in person daily and the list is now in place for all staff. The new policy states that all children comes into the afterschool room and sit down immediately so an accurate attendance record can be taken and recorded.

   b. All staff sign in at the door and we use our H.R. app on each staff personal phone to clock in and out within a certain distance from the afterschool service. The app is checked by the operations manager weekly, and the hours are checked against the service roster.

6. The registered provider stated that the following actions were taken in response to the finding:
   a. The service's medication policy has been updated.

   b. A care plan for each child is now up in each room. The allergy action plan template has been changed to suit each child's need. All paperwork has been checked and will be updated when changes are made and annually also. Enrolment forms have been checked and 4 contact numbers for each child was added for safety. The registered provider outlined that all enrolment forms will be updated the start of each school year and at routine intervals to ensure children's details such as illness, medication and permission to

collect are up to date. During mock inspections, enrolment forms are checked to make sure they are completed in full.

The care plans, which included details of the individual medical treatment for each child with a diagnosed medical condition, was submitted to the inspectorate.

7. The following actions were submitted by the registered provider with regard to providing relevant information about the service to parents:
   a. Parents will be given a list of the services policies in the new school term with the new enrolment forms and if any polices are requested, the policy will be emailed to them directly. Parents will be informed they are also available in the afterschool service and can be photocopied for them. The Policy folder is on display in the afterschool room but there will be more information given in the new school year as to the access to policies and smaller explanations given to parents on the main points of each policy.

   b. The new policy is updated and in use. Printed and in policy folder on display for parents and the policy will be reviewed annually.

8. In response to the service's accident and incident records, the registered provider stated the following:

   Management have had a full review of the accident and incident reporting system. A staff meeting was held and all staff trained and informed about the importance of the accident and incident reporting book. Direct training was given to staff by the senior area manager who went through the accident and incident book and gave examples and scenarios that would warrant filling in this book and the importance of notifying the parents.

   All parents will be contacted immediately when an accident occurs and the paperwork will be ready for them when they arrive. If the parent refuses to sign or take the page, this is written in the book and a picture of the page sent to the parent by email. Any child with a potential head injury, regardless of severity, will be sent home immediately.

The service submitted a document which outlined the reporting procedure in place for accident and incidents within the service.

Summary of Findings

Based on the implementation of the actions, the requirement is deemed to be met for non-compliance 1-3 and 5-8. The actions and monitoring procedures submitted will be assessed on the next inspection.

Finding 4(a) related to the absence of information and structures to ensure that relief staff and existing were provided with relevant information to carry out their role. The registered submitted actions to outline how existing staff will be provided and kept up to date with information relating to the service. However, the requirement has not been met for part(a) relating to relief staff members. The actions submitted did not relate to the finding and the supporting documentation related to a different service owned by the registered provider.