

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015DY115
<b>Name of Service:</b>	Lir Childcare Centre
<b>Address of Service:</b>	St. Berach's Place, Swans Nest Avenue, Kilbarrack, Dublin 5, Co. Dublin
<b>Eircode:</b>	D05 H4C9
<b>Name of Registered Provider:</b>	Lorraine Furlong
<b>Service type:</b>	Full Day
<b>Date of Inspection:</b>	22/02/2024
<b>Regulatory Compliance Meeting:</b>	22/04/2024

<b>No of pre-school children:</b>	AM	30	PM	25
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<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, Child and Family Agency, Unit 4&5 Nexus Building Block 6A, Blanchardstown Corporate Park, Dublin 15.
<b>Inspection undertaken by:</b>	E Hosford and Á Dunne
<b>Title:</b>	Early Years Inspectors

### Authority to Inspect

The Tusla 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).

<b>Conditions if applicable</b>	Not applicable.
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### Description of service

Lir Childcare Centre is a community run full day care service located in a residential area in North Dublin which operates 8:30am-5:30pm Monday to Friday. The service operates from a single storey building and is comprised of an office, kitchen, cot room and four care rooms; Baby room catering for children aged 1-1.5 years, Wobbler room catering to children 2-2.5 years, Toddler room catering for children aged 2.5-3 years and the Preschool room catering to children aged 2 years 8 months to 5 years. The service caters for 32 children aged 0-6 years and participates in the Early Childhood Care & Education (ECCE) scheme.

### Staffing

The service employs 13 staff to work in the service to include the registered provider who is the service manager, a deputy person in charge, a cook and 10 childcare staff. Ten staff were present on the day of inspection including the registered provider, the deputy person in charge, a cook and 7 childcare staff.

### Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

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

This inspection was unannounced and focused on the area of governance, health, welfare and development of child, safety, premises, and facilities. The inspection may also focus on other areas as required.

Regulation 9 Management and recruitment (1)(a)(b)(c), (2)(a)(b)(c)(d), (4),

Regulation 11 Staffing Levels (1)(2)(8)(a),

Regulation 19 Health, Welfare, and Development of child (1)(a),  
Regulation 23 Safeguarding Health, Safety and Welfare of child,  
Regulation 26 Fire Safety Measures and  
Regulation 28 Insurance.

A sampling process was used to assess compliance under regulations:

Regulation 19 Health, Welfare, and Development of child (1)(a) and Regulation 23 Safeguarding Health, Safety and Welfare of child, as a result the inspectors spent time in the Baby room, Wobbler room and Toddler room and not in the Preschool room.

Inspection findings are documented in the 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 rectified the non-compliance and will prevent any non-compliance 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 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.

### Additional information

An Immediate Action notice was issued to the service on the 22 February 2024 in relation to the following:

Regulation 23- Safeguarding, Health, Safety and Welfare of Child

1. During sleep time in the Baby room and Wobbler room it was observed that the designated fire exits were blocked with sleeping children. This reduced the effective evacuation of staff and children in the event of an emergency.
2. A child in the Baby room was provided with a weighted blanket for sleep time.

Please see details in the body of the report.

On the 26 February 2024 the registered provider responded to the immediate action notice with the measures implemented within the service.

An immediate action notice was issued to the registered provider on the 23 February 2024 due to the requirements of Regulation 9 (2)(c) and 9(3) which requires that a registered provider has consideration of *“the vetting disclosure received from the National Vetting Bureau of the Garda Síochána”, “prior to any person being appointed, assigned or allowed access to or contact with a child attending the preschool service.”*

On the 23 February 2024 the registered provider responded to the immediate action notice with the measures implemented within the service.

### Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, deputy person in charge, staff and children who were present on the day of the inspection.

## Part III – Management and Staff

### Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

- (a) the service has a designated person in charge and a named person who is able to deputise as required,
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.

(2) A registered provider 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 Síochána 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.*

*(3) The procedures specified in paragraph (2) shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the pre-school service.*

*(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.*

### Compliance Information

(1) (a)(c) The service had a designated person in charge and a named person to deputise as required throughout the inspection.

(b) The designated person in charge was present when the inspectors arrived at the service and was present for the duration of the inspection.

The files of 13 staff members employed in the service were reviewed.

(2)(a) The following references were available from a past employer.

- Two validated written references were available for one staff member.
- One validated written reference was available for six staff members.
- One written reference was available for one staff member.

(b) The following references were available from a source other than a past employer.

- Two validated written references for five staff members.
- One validated written reference was available for six staff members.

(c) Garda Vetting disclosures were available for 12 staff members working in the service. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under Regulation 23 of this report.

(d) International police vetting was available from one country in respect of one staff member who had resided outside of the jurisdiction for more than 6 months as an adult.

### Non-Compliance Information

(2)(a)(b) The required references were not available on file for the following staff.

- One written and verified reference for one staff member.
- Evidence that one reference from a past employer was verified.

(c) A Garda vetting disclosure was not available for a staff member employed within the service.

(d)

1. Police vetting from two countries was not available for a staff member who had lived outside the state for more than 6 months as an adult.
2. Documentation was not available to clearly demonstrate that four staff members had not lived outside the jurisdiction for longer than six months as an adult.

(4) There was no evidence to show that one staff member who was observed working directly with the children held at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

### Corrective & Preventive Action submitted by the Registered Provider

#### **Corrective and Preventive Action**

(2)(a) and (b) In response to the non-compliances the service has stated that two written references have been obtained and checked and verified for all staff members. All references will be obtained and kept on file for all staff members.

(c) The registered provider responded to the immediate action notice issued to the service on the 23 February with the measures implemented within the service.

In their corrective and preventive action, they stated that all Garda vetting has been updated and are all on file. All garda vetting will be obtained every 3 years even for students.

Manager will ensure staff files will be reviewed on an annual basis.

(d) Police vetting was submitted for one of the two countries for one staff member.

(4) Administration staff helping on the day of inspection to cover preschool breaks, will not be permitted to cover any breaks going forward as they do not have a level 5 in childcare qualification.

Manager will ensure only fully qualified staff members are counted in the ratios even during lunch hours.

#### **Supporting documentation submitted**

(2)(a)(b)

- Evidence that one reference from a past employer was verified.
- Evidence of a second verified written reference for one staff member.

- (c) Garda vetting disclosure
- (d) Police vetting from one country for one staff member.
- (4) Corrective action that administrative staff will not maintain ratios.

### Summary Comment

The corrective actions taken have addressed Regulation (9)(2)(a)(b) and (c) and partially addressed (9)(2)(d). Regulatory compliance remains outstanding for (9)(2)(d) until the processed police vetting for the second country resided in is obtained for one staff member, submitted to the inspectorate and kept on file at the service.

## Part III – Management and Staff

### Regulation 11 - Staffing levels

- (1) Subject to this Regulation, a registered provider shall ensure that there is at all times an adequate number of adults working directly with the children attending the pre-school service.*
- (2) Subject to paragraphs (4) and (5), a registered provider of a full day care service or a part-time day care service shall ensure that at all times the minimum ratio of adults to children specified in column (3) of Part 1 of Schedule 6 opposite a particular reference number specified in column (1) of that Part in respect of the age range of the children specified in column (2) thereof at that reference number is satisfied.*
- (8) Without prejudice to paragraphs (2) to (7)-*
  - (a) a registered provider of a pre-school service other than a child-minding service or a sessional pre-school service shall ensure that there are at least 2 adults on the premises at all times,*

### Compliance Information

- (1) There were an adequate number of adults working directly with the children as there were 7 adults working with 30 children in the morning and 7 adults working with 25 children in the afternoon.
- (2) The adult to child ratios were maintained on the day of inspection as outlined below.
  - **Baby room-** 2 adults were caring for 6 children aged 1-1.5 years in the morning and afternoon.
  - **Wobbler room-** 1 adult was caring for 5 children aged 2-2.5 years in the morning and afternoon.
  - **Toddler room -** 1 adult was caring for 5 children aged 2.5-3years in the morning and afternoon.
  - **Preschool room-** 3 adults were caring for 14 children aged 2 years 8 month-5 years in the morning and 9 children aged 2 years 8 month -5 years in the afternoon.

(8)(a) Documentation available demonstrated that two adults were present on the premises during the operation of the early years' service.

### Part V - Care of Child in Pre-school Service

#### Regulation 19 - Health, welfare and development of child

(1) A registered provider shall, in providing a pre-school service, ensure that-

(a) each child's learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and

#### Compliance Information

(1)(a)

##### Basic Needs:

- Staff were observed engaging with the children in a positive and friendly manner. The adults provided children with comfort when they became upset, holding them and speaking to them in soft tones.
- Nappy changing was completed on a set schedule and as needed to ensure the children's comfort.
- Children were settled to sleep when they showed signs of tiredness.

##### Physical and material environment:

- The toys and equipment were placed on low level shelving which was visible and accessible to the children. This allowed for choice and for children to explore their own interests.

#### Non-Compliance Information

##### Basic Needs:

1. Children in the Baby room did not receive two meals and two snacks at 3 hourly intervals as recommended in the Nutrition Standards for Early Learning and Care services. They were provided with breakfast of cereal and milk at 9am, dinner of mince and rice from 12 to 12:30pm and an afternoon tea of ham sandwiches at 4pm. Young children need to eat small amounts of food and frequently. This did not ensure that the children received a nutritious and adequate diet.
2. Children in the Baby room had their outer clothes, socks and shoes removed at 10:30am to facilitate nappy changing, eating, and sleeping. The children slept from 11am to 12:30pm and were not dressed again in their clothes until 2:30pm. The comfort needs of the children were not considered.

### Supporting Relationships:

- An adult chair was not available in the Baby room to enable staff to adequately comfort and assist children during mealtimes. As a result, it was observed that during lunch time two staff members sat on the children's table with their backs to two seated children while assisting two children in highchairs. This did not support or create a sociable environment at mealtimes.

### Corrective & Preventive Action submitted by the Registered Provider

#### Corrective and Preventive Action

- In response to the non-compliance the service has stated that all children in our centre receive between 1-3 meals per day plus 2 snacks (depending on hours of attendance). Staff in Baby room have been reminded of this and re-assured me that this is the norm on a daily basis. Staff were reminded to be mindful of the time frame of when the children last ate. All children are offered a snack or meal every 3 hours.
- To address this all staff in the Baby room have been advised that leaving the babies outer clothes off them for such a long period of time, is not common or normal practice within our centre. All babies will be dressed as soon as they are up from their sleep and finished their dinner.
- Staff have taken this point has been taken on board by all staff and all staff are more mindful of these situations and will not sit in that position whilst a child is at the table. All staff will use adult chairs or couch to sit on whilst feeding the children.

#### Supporting documentation submitted

No evidence submitted

#### Summary Comment

The registered provider has stated in the corrective and preventive action response that the non-compliances identified on inspection have been addressed. Practices implemented will be reviewed at the next inspection.

### Part VI - Safety

#### Regulation 23 - Safeguarding health, safety and welfare of child

*A registered provider shall ensure that all reasonable measures are taken to safeguard the health, safety and welfare of a pre-school child attending the service and that the environment of the service is safe.*

#### Compliance Information

##### General Safety:

- External doors were monitored by staff to restrict unauthorised persons from gaining access to the premises. Access to the early years' service was restricted to authorised persons by means of a controlled access system and this system also prevented children from leaving the area unsupervised. The outdoor areas were secured.
- Electrical cords and flexes were adequately secured to the walls in the Baby room, Wobbler room and Toddler rooms.

##### Infection Control:

- Warm water, liquid soap and paper towels were available at the wash hand basins used by the staff and children.
- The service was well maintained with cleaning schedules present in the care rooms and sanitary facilities.

#### Non-Compliance Information

##### General Safety:

1. The service did not ensure that designated fire exits were unobstructed during the operation of the service. This reduced the effective evacuation of staff and children in the event of an emergency. An Immediate Action Notice was issued on the day of inspection to the registered provider for the following reasons.
  - In the Cot room a child slept in a cot directly in front of the designated fire exit.
  - In the Wobbler room a child slept on a mattress directly in front of the designated fire exit.
2. Garda vetting was available for four staff members. However, the vetting disclosures were not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting.
3. At 10:37am it was observed that while 5 children were present in the Wobbler room, only 4 children were signed in as being present. This reduced the effective evacuation of children in the event of an emergency.

4. Visibility strips were not present on the glass doors in the Baby room, Wobbler room and Toddler rooms. This increased the potential risk to a child of walking into the doors.
5. Adult shaving foam was accessible to the children in an unlocked cupboard in the Toddler room. This increased the potential risk of causing an injury to a child.
6. Amber beads were observed on two children present in the service. This is at variance with best practice guidelines and increased the potential risk of choking to the children.
7. Documentation was not available to demonstrate that parental permission was sought prior to the provision of diluted milk and water in a bottle to a child in the Baby room.
8. A trailing garden hose was accessible to the children in the outdoor area. This increased the potential risk of strangulation of a child.

### Infection Control:

9. Staff did not carry out the nappy changing as per best practice guidelines, as one staff member did not wear an apron while changing three children's nappies.
10. Sofas in the Wobbler and Toddler rooms were torn exposing the foam inside. This did not allow for easy cleaning and posed a choking hazard should a child ingest the foam.
11. Individual storage was not available for the storage of sheets used by the children during sleep time in the Toddler rooms. Sheets were stored on the mattresses which were stored on shelves in the care room. This increased the potential risk of cross infection.
12. Soothers were not handled by staff to reduce cross infection, as they were gathered in a pile prior to giving them to each child.

### Administration of Medication:

13. Prescribed medication was not managed according to best practice guidelines. For example.
  - Documented pre consent to administer the medication twice daily to a child from the parent was not available.
  - Staff did not maintain a written record for the twice daily administration of the medication.
  - The medication was not administered according to the written guidance available on the prescribed medication.

### Safe Sleep:

14. During sleep time in the cot room and Wobbler room cots and mattresses were not positioned with the recommended 50 centimetres between each child to enable staff to access children in an emergency and reduce the potential risk of cross infection.

15. Sleep care practices observed during the inspection were not consistent with best practice guidelines and increased the potential risk of causing an injury to a child. For example.

- A child aged 1 years of age was provided with a weighted blanket at sleep time. A documented sleep plan and sleep risk assessment that was discussed and agreed with the parents of the child was not available. An Immediate Action Notice was issued on the day of inspection to the registered provider.
- A child aged 1 year 5 months was provided with a pillow at sleep time.
- Two children were given bottles of milk to drink while lying down in their cots.
- One cot mattress did not have a safety label and six mattresses did not have a wipeable cover.
- The temperature of the cot room while children slept was not recorded to ensure it was maintained between the recommended 18-22°C.

16. An accurate sleep record was not maintained for eight children that slept in the Wobbler room. For example.

- Staff did not maintain 10-minute sleep checks to include their colour, breathing and position.
- Staff did not record the temperature of the room to ensure that it was maintained between the recommended 18-22°C. As a result, the temperature of the care room was recorded as 22.5°C at 12:20pm.

17. An accurate sleep record was not maintained for children in the Baby room as one staff member was caring for six children aged from 1-2 years of age. The designated person in charge was available to the staff member, however, ten-minute sleep checks were not recorded from 12:05-12:32pm.

### Fire Safety:

18. Fire drills were not completed monthly as required. A review of the documentation showed that a fire drill had taken place in February 2024, however, no fire drills took place in December 2023 and January 2024. This reduced the effective evacuation of staff and children in the event of an emergency.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

In response to the non-compliances observed on inspection the service has stated the following.

#### General Safety:

1. The registered provider responded to the immediate action notice issued to the service on the 22 February with the measures implemented within the service;
  - The service responded in their corrective action that management have re-arranged the cots in the sleep room, and all are 50cm apart now. Manager has ordered a new smaller space saving cot, which will free

up an opening of 84cm which is a larger opening than the actual exit door, which we hope will suffice for now until we are able to reduce our baby-room down to 5 babies instead of 6 at the end of August.

- All low beds in the Wobbler room, have been spread out and a max of 10 beds are being used at any one time in order to keep a safe distance and keep exits clear. Wobbler room will be cleared out at nap time every day to allow more space between cots and less obstruction at exit point.
2. Garda Vetting has been updated for all staff.
  3. Staff members were reminded about the importance of every child being marked in immediately as they enter the creche.
  4. Visibility strips that had worn off the windows have been replaced on all doors. Visibility strips or colourful stickers on glass doors to be replaced as needed.
  5. Shaving foam bottle that was used for sensory play has been removed from their room. All staff have been informed that shaving foam not allowed to be used in creche.
  6. Amber beads on two of the children were removed and advised parents not to place them on the children as they are a potential choking hazard. Parents have been updated on the review of policies regarding amber bracelets or chains.
  7. Manager obtained written consent from parent for her child to be given additional water with milk, however, this has not ceased due to improvement in the child's condition.
  8. The hose in the back garden has since been wrapped up tightly and is no longer a potential hazard. Garden hose retractor pull has been adjusted, so will no longer hang down.

### Infection Control:

9. Staff have been reminded of our policy on always wearing aprons when changing nappies.
10. All worn and torn Wobbler and Toddler sofas, have been removed from creche and are currently waiting on delivery of new ones.
11. All children's blankets are stored in individual storage containers to help alleviate this issue.
12. All staff were reminded of our policy and best practice of keeping all soothers separate at all times. We have all soothers stored in separate named and labelled containers. And will be handed out individually going forward. Children individual soothers will be placed in individual containers and placed above babies' cots after sterilisation.

### Administration of Medication:

13. The medication consent form has now been re-signed by the parents and daily recording is now being implemented at all times. The parent of this child has also clarified how the medication can be

administered. Any change in formula bottle measurements will be documented and signed by parents and kept on record going forward. Outstanding Signed medication form has been signed by both parents and staff attached.

### Safe Sleep:

14. All cots in baby room have been re-positioned and a smaller cot has been ordered to save more space. Baby room will be reduced down to 5 babies and 5 cots from August /September 2024. Wobbler room will be re-arranged and clear out all moveable furniture, at sleep time every day, in order to allow more space between beds and to keep all exits free from obstruction.
15. In response to the non-compliances the service stated the following.
  - Weighted blanket that was supplied by a parent, has been removed from the child's cot. We have advised the parents that upon risk assessment, this was not in accordance with our health and safety policy and best practice guidelines. The parent agreed to remove the blanket from the creche. and the new policy regarding banning of any weighted blankets for children under the age of 3.
  - As in our current policies and procedures, any child who may have a small cough or a cold, and needs to be slightly elevated, to alleviate symptoms when lying down, may have a small pillow placed under their mattress only. This was corrected on the day of inspection.
  - The staff were reminded that this is not in our best practice guidelines and policies and procedures, (even when the staff are present in the room at all times) This soothing procedure has been dis-continued with immediate effect. Parents and staff have been reminded and informed that under no circumstances can babies be administered a bottle in their Cot, regardless of staff presence.
  - All cots have safety labels on them in the cot room and we have ordered wipe-able mattress protectors for all cots mattresses.
  - All sleep rooms have new thermometers in them, and temperature recording is noted every sleep time in the sleep record sheets. All rooms have been equipped with new thermometers and staff are implementing the recording of full sleep checks and temperature checks in all sleep rooms.
16. The registered provider responded to the immediate action notice issued to the service on the 22 February with the measures implemented within the service In response we have implemented this into our policies and procedures for good practice, going forward.
17. Sleep records will be maintained every 10 minutes in Baby cot room, and written down as we monitor (not to be caught up on at a later stage).

**Fire Safety:**

18. To address this a reminder has been placed on the creche computer as a scheduled fire drill to alleviate any chance of human error/ time lapse. Monthly fire drills are continued in an ongoing with a reminder being set to avoid any time lapses in regularity.

**Supporting documentation submitted**

**General Safety:**

1. Photographic evidence of the revised layout of the cot room and Wobbler room.
2. Garda vetting updated for four staff.
3. Documentary evidence of staff meeting 29 February 2024.
4. Documentary evidence of staff meeting 29 February 2024.
- 5 to 8. Corrective action.

**Infection Control:**

9 to 12. Documentary evidence of staff meeting 29 February 2024.

**Administration of Medication:**

13. Medication form completed.

**Safe Sleep:**

14 to 17. Documentary evidence of staff meeting 29 February 2024.

**Fire Safety:**

18. Documentary evidence of fire drills that took place on the 28 March 2024 and 23 April 2024.

**Summary Comment**

The registered provider has addressed the non-compliances as identified on inspection. This regulation will be reviewed at the next inspection.

## Part VI - Safety

### Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-
- (a) any fire drill that takes place in the premises, and
  - (b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.
- (4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.

### Compliance Information

- (1)
- (a) The last recorded fire drill that was carried out in the service was 13 February 2024.
  - (b) A record of the number, type and maintenance record of firefighting equipment and smoke alarms in the premises was available for review. The record showed that the firefighting equipment was serviced on the 8 September 2023 while the smoke alarms were serviced on 1<sup>st</sup> June 2023.
  - (4) Fire evacuation procedures were displayed throughout the care rooms and in the main hallway.

## Part VI - Safety

### Regulation 28 - Insurance

*A registered provider shall ensure that the pre-school service is adequately insured.*

### Compliance Information

Documentation was available to demonstrate that the service had insurance to cover 35 children attending the service on a full day care basis from 28 March 2023 to 27 March 2024.