



Compliance Guide for Providers

**Access and Inclusion Model (AIM)
Level 7
2024 - 2025**



**An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige**
Department of Children, Equality,
Disability, Integration and Youth



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Acronyms used in this document:

AIM	Access and Inclusion Model
CCC	City/County Childcare Committee
CCSP	Community Childcare Subvention Plus
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
ECCE	Early Childhood Care and Education
ELC	Early Learning and Care
EYPC	Early Years Provider Centre NCS National Childcare Scheme
SAC	School Age Childcare
VO	Visit Officer

Introduction

In advance of commencing compliance inspections for the 2024/2025 programme call, a number of compliance guides were posted to the Hive for the ECCE, CCSP Saver and NCS programmes. This document provides guidance and assistance to providers when preparing for an AIM Level 7 compliance inspection.

The **AIM Level 7 Compliance Checklist for Providers 2024-2025** (see **Appendix 1** and also available on the Hive) details the information/documents that will be requested during a compliance inspection. **Appendix 2, AIM Level 7 Post Inspection Rectification Actions for Providers 2024-2025** provides details of all non-compliance outcomes and the requirements on the provider to rectify the issue(s) identified, within the relevant timeframes outlined.

It is the responsibility of the provider to ensure compliance with their contractual requirements. It is important to note that failure to provide the necessary information and/or records on the day of the compliance inspection may result in the service being deemed non-compliant and in breach of contractual requirements under the DCEDIY Funding Agreements.

This document includes references to certain clauses within the Funding Agreement, the Rules Documents and/or programme guides associated with some of the individual compliance checks, i.e. identifying the rule(s) it stems from. It should be noted however that this document cannot be considered an exhaustive list of every check that could be conducted as it does not cover every funding agreement clause and/or rule. Similarly, by exception, an inspection may not cover all checks listed.

DCEDIY programme requirements and the compliance checks do not remain static and there can be changes from time to time. It is essential that providers familiarise themselves with the most up to date programme information including:

- Funding Agreement
- AIM Rules
- AIM L7 capitation approvals
- DCEDIY Rules for the ECCE and CCSP Saver Programme

The Rules documents are available on the Hive. Any changes/amendments to these will be communicated through the Hive. There is also supplementary information available within the Resources section on the Hive and Pobal/DCEDIY websites including the Pobal programme guides and FAQ's.

The other compliance guides on the Hive include additional information around the compliance on-site inspection including how to prepare for a compliance inspection, the process on the day, duration of inspections etc. As the AIM Level 7 will in the vast majority of cases be conducted in conjunction with an ECCE and/or CCSP inspection, this information is not repeated here.

1. Compliance Outcomes

As the compliance inspection is conducted on-site, the outcomes are based on the documentation/information made available for review on the day of the inspection. With the exception in certain circumstances of staff qualifications, information submitted to Pobal post inspection cannot be considered in determining the final outcome.

Once the quality assurance review is completed, the provider receives a notification to the PAU on the Hive informing them that the Compliance Report is now available.

The compliance outcomes in relation to AIM L7 are as follows:

- Compliant
- Minor non-compliant
- Moderate non-compliant
- Major non-compliant

If there are non-compliant issues identified, the overall compliance outcome for AIM L7 will reflect the highest non-compliant categorisation. The Compliance Report includes an 'Outcome Summary' which details the overall outcome per inspection category. The Compliance Report also includes any non-compliant outcome reasons and where relevant, the 'Action Required' to address the non-compliant issues identified.

The provider is required to submit a self-declaration to confirm that appropriate actions will be taken to address the non-compliant issues identified. In some cases, the rectification action will also require submission of evidence that the action has been taken. It is required that rectification actions are undertaken by services by the Rectification Due date as outlined in the Compliance Report.

In some instances, if the rectification action is not completed by the rectification due date, funding associated with the non-compliant capitations will be stopped. If the provider subsequently engages with Pobal to rectify the matter, the funding will then be reinstated. Please note that any funding relating to the period from the date the funding is stopped to the reinstatement date, will not be reimbursed retrospectively.

The table below provides a summary of the compliance outcome categorisations and examples of the main reasons for a given outcome. More detailed information on AIM L7 compliance categorisations is available in **Appendix 2, AIM L7 Post Inspection Rectification Actions for Approved Providers 2024/2025.**


Table 1: Summary of Compliance Categorisations:

Outcome	Reasons
Major non-compliant	<ul style="list-style-type: none"> • Failure to facilitate an inspection • Records not available for review • Inadequate attendance records • Failure to maintain reduced ratio requirements • Additional assistance staff was not assigned to the AIM Level 7 room/session, for a sample period reviewed
Outcome	Reasons
Moderate non-compliant	<ul style="list-style-type: none"> • Staff qualification requirements not met
Outcome	Reasons
Minor non-compliant	<ul style="list-style-type: none"> • Qualifications not evidenced on-site and not submitted post inspection
Outcome	Reasons
Compliant	<ul style="list-style-type: none"> • No compliance issues identified (based on sample records checked)

If a provider believes an outcome is incorrect, a request for a review of the outcome can be made by raising a request on the Hive. The review of the outcome will be undertaken by the Compliance Team (by someone not involved in the inspection) and a response issued through the Hive to the provider explaining the rationale for the outcome. All requests for review should be made within 30 calendar days from the date the Compliance Report is issued.

2. Rectification Actions

‘Subsequent to a compliance visit Pobal will issue the service provider outcome notification. It is the responsibility of the service provider to carry out any rectification actions required in order to become compliant with scheme rules.’

	<p>AIM Rules 2024/2025: 14.3</p>
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Providers will be informed of all relevant rectification actions that they are required to take in relation to the specific non-compliances identified during the compliance inspection. This will be referred to as the 'Action Required' within the 'Non-Compliance Detail' section of a provider's Compliance Report. Providers are required to take this action by the 'Rectification Due' date outlined.

Providers will also receive automated weekly reminders via the Hive prompting them to review their Compliance Report if there are any relevant rectification actions which are outstanding.

There are two types of action that may be undertaken by the Compliance team following the compliance inspection:

- On-site revisit where an inspection is not facilitated and/or where attendance records were not available at initial inspection.
- Desk-based follow-up for all other relevant non-compliance rectification actions that the provider is required to complete on the Hive.

Each of the rectification actions submitted by the provider will be verified by the VO or the system. After this verification is completed a status update in relation to each non-compliance issue will be outlined on the compliance record as:

- Rectified – where the required actions have been completed within the timeframe.
- Not Rectified – where the required actions have not been completed or insufficient action has been taken.
- N/A – where a specific rectification action does not apply.

3. Sanctions

It is the responsibility of the provider to ensure that they understand and adhere to the AIM Rules 2024/2025.

'...failure to comply with any of these terms may result in the suspension of AIM funding.'


	AIM Rules 2024/2025: 14.1
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After the Compliance Report has been issued, the provider may be asked to take rectification action(s) within a specified timeframe i.e., by the Rectification Due date. Where a provider has failed to take the required rectification action(s) within the specified timeframe, a sanction may apply, resulting in funding associated with the non-compliant capitations will be stopped

NB: In the case of a non-compliance outcome that relates to the checks on maintaining reduced ratio and/or additional assistance, if the provider does not take the requisite rectification action within the required timelines, funding associated with the non-compliant capitations will be stopped. If the provider subsequently engages with Pobal to rectify the matter, the funding will then be reinstated. Please note that any funding relating to the period from the date the funding is stopped to the reinstatement date, will not be reimbursed retrospectively.

4. Compliance Checks

This section gives details of compliance checks and possible non-compliant outcomes as well as the most common reasons for these outcomes. Compliance checks will only be conducted on AIM Standard capitations for the 2024-25 cycle. Please note, new reviews can not be submitted on active AIM Standard capitations once an AIM inspection has commenced until the inspection outcomes have been notified. New reviews will also be blocked until rectification action, if required, is completed on specific non-compliant outcomes. Examples have been given as a guide but please note it is not an exhaustive list and there may be additional reasons for particular outcomes which are not documented below.

	The following is not an exhaustive list of all possible outcomes and depending on circumstances during an inspection, additional checks may be required, and the outcomes / rationales may differ.
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5. Pre-requisites

Please refer to ‘ECCE Compliance Guide for Approved Providers 24-25’ on the Hive, Section 4.1.


6. Attendance Records

Please refer to ‘ECCE Compliance Guide for Approved Providers 24-25’ on the Hive, Section 4.3

7. Maintenance of Reduced Ratios

i Programme Rules, Terms & Conditions:

‘Maintenance of a reduced ratio is where a service has committed to reducing the room ratios by a minimum of three children.’

	AIM Rules 2024/2025: 9.7.1
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ii Compliance Check/s:

The VO will review attendance records in the ECCE session to verify that the approved lower ratios are being maintained, as well as a physical check on the day of the inspection. The approved reduced ratios must be maintained on all days as agreed in the AIM Level 7 capitation (this applies even if the child is absent on one of these days).

iii Possible non-compliant outcomes:

Inspection Category	Compliance outcome	Compliance categorisation	Reason for outcome
Reduced Ratio	AIM Level 7 reduced ratio is not in line with funding allocation for a sample period reviewed	Major non-compliant	Reduced ratio is not maintained in line with the approved AIM Level 7 capitation

iv Rectification Action required:

The provider must ensure that reduced ratios for all approved AIM Level 7 capitations relating to reduced ratio are maintained at all times.

The provider is required to complete a self-declaration to this effect by the Rectification Due date.

If this self-declaration is not submitted by the Rectification Due date, funding associated with the non-compliant capitations will be stopped. If the provider subsequently engages with Pobal to rectify the matter, the funding will then be reinstated. Please note that any funding relating to the period from the date the funding is stopped to the reinstatement date, will not be reimbursed retrospectively.

8. Additional Assistance

i Programme Rules, Terms & Conditions:

'...any staff member hired under AIM is a shared resource for all children in the pre-school session. One additional staff member will be deemed to be sufficient to meet the needs of two or more children who have been granted additional capitation, where these children are attending the same ELC session, unless there are exceptional circumstances present.'

	AIM Rules 2024/2025: 9.7.2
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ii Compliance Check/s:

The VO will review attendance records in the ECCE room/session to verify that an additional staff member is working in the room as additional to the ECCE in-ratio staff. As well as an observational check on the day of the inspection. The additional staff member must be working in the room/session as agreed in the AIM Level 7 capitation (this applies even if the child is absent on one of these days).

iii Possible non-compliant outcomes:

Inspection Category	Compliance outcome	Compliance categorisation	Reason for outcome
Additional Assistance	An additional staff member was not assigned to the AIM Level 7 room/session, for a sample period reviewed	Major non-compliant	Additional staff member is not working in the ECCE room/session in line with the approved AIM Level 7 capitation

iv Rectification Action required:

The provider must ensure that additional assistance for all approved AIM Level 7 capitations relating to additional assistance staff are maintained at all times.

The provider is required to complete a self-declaration to this effect by the Rectification Due date.

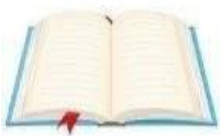
If this self-declaration is not submitted by the Rectification Due date, funding associated with the non-compliant capitations will be stopped. If the provider subsequently engages with Pobal to rectify the matter, the funding will then be reinstated. Please note that any funding relating to the period from the date the funding is stopped to the reinstatement date, will not be reimbursed retrospectively.

9. Qualifications

i Programme Rules, Terms & Conditions:

'Staff hired under AIM Level 7 must satisfy the qualification requirements of the Early Years Services Regulations 2016, which stipulate that all staff working in pre-school services must have, at minimum, a major award in Early Childhood Care and Education at Level 5 of the National Framework for Qualifications (NFQ) or a qualification deemed by the Minister for Children, Equality, Disability, Integration and Youth to be equivalent.'

'The CHN Programme provides nursing support to facilitate a child's attendance during ECCE hours where the child has complex medical needs, through an extension of the Paediatric Home Care Package (PHCP). A clinical nursing need assessment must be completed by the HSE Key Contact. If the assessment determines that nursing support is required to attend preschool, a registered nurse will be engaged as an extension of the HSE PHCP.'



AIM Rules 2024/2025:

9.12, 9.13

ECCE Funding Agreement:

Undertakings and Warranties, 4.4 Appendix 1, *General Terms & Conditions*, Point 30

DCEDIY Rules for ECCE Programme:

2.7; Chapter 5

Child Care Act 1991 (Early Years Services) (Amendment) Regulations 2021

ii Compliance Check/s:

The VO will check that all relevant staff qualifications are on-site and that all staff in the ECCE rooms/sessions hold an award included on the list of DCEDIY Early Years Recognised Qualifications, or a Letter of Eligibility to practice at the appropriate level issued to the staff member by the DCEDIY.

If the AIM L7 Additional staff member does not hold a Major Award L5 or the qualifications have not been deemed eligible by DCEDIY, this may result in a moderate non-compliant outcome.

Pobal will notify Tusla where it cannot be determined if a staff member in an ECCE session meets the minimum Level 5 qualification requirements.

iii Possible non-compliant outcomes:

Inspection Category	Compliance outcome	Compliance categorisation	Reason for outcome
Qualifications	The service is not meeting the staff qualification requirements at visit date	Moderate non-compliant	Examples: <ul style="list-style-type: none"> • AIM L7 Additional staff member's qualification is not on-site at time of inspection and not submitted to Pobal post inspection within the required timeframe • AIM L7 Additional staff member does not hold an award L5.
Qualifications	The relevant staff qualifications are not evidenced on-site and were	Minor noncompliant	Copies of qualification certificates and/or Letters of Eligibility to Practice of the relevant staff members are

	not provided with required timelines ¹		not on-site and not submitted to Pobal post inspection.
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iv Rectification Action required:

The provider must ensure that all AIM Level 7 additional staff members hold appropriate qualifications or a Letter of Eligibility to Practice and that evidence is maintained on-site to allow compliance to be checked. Any qualifications not included in the DCEDIY Early Years Recognised Qualifications listing can be submitted to the DCEDIY for assessment.

¹ If a qualification is not on-site at time of inspection it can be submitted to the Hive within 5 working days. If the qualification is not submitted it will be deemed that qualification requirements are not being met.

Appendix 1. Compliance Checklist

Access and Inclusion Model (AIM) Level 7 Compliance Inspections 2024/2025 Compliance Checklist For ELC Providers

NOTE TO PROVIDERS: It is the responsibility of the provider to ensure compliance with their contractual requirements. This checklist is intended for information purposes only and is not exhaustive.

It is essential that approved providers are familiar with the programme information including the Funding Agreements, Programme Guides and DCEDIY Rules documentation including AIM Rules available on the Hive and DCEDIY website.

For further information please refer to the ECCE and AIM L7 Compliance Guide for Approved Providers available on the Hive.

To minimise disruption to the provider's operation, Pobal recommend that providers collate information for review on these inspections in a Compliance File which is readily available and on-site at all times. This File should not contain any information which is not relevant to the Compliance checks as outlined below (e.g. staff files, etc.). Attendance Records and Fee Records should also be easily accessible.

The following is a guide as to the types of information that Visit Officers will seek to review during a Compliance Inspection.

Please tick

Compliance File		
1	Is the Compliance File readily available and is information up to date?	Yes <input type="checkbox"/>

It is recommended that the following be kept in the Compliance File:

Staff Qualifications		
2	<p>Do all additional assistance staff hold a minimum QQI level 5 qualification and is evidence of these qualifications available on-site for review at an inspection?</p> <p>Note: Qualifications are checked against the DCEDIY Early Years Recognised Qualifications list available on the DECDIY website. Qualifications must be in English or Irish, any documents not originally in English or Irish must be accompanied with a translation to English or Irish. Certified translations only can be accepted.</p>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

	<p>Where a Qualification is not on the DCEDIY Early Years Recognised Qualifications list, the individual must apply to the DCEDIY for assessment.</p> <p>See https://www.gov.ie/en/service/000073 for more information.</p>	
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The following must also be kept on site and available for review by a Visit Officer:

Attendance Records		
3	<p>Are there attendance records on-site for each session? Attendance records must be maintained and readily accessible from the start of the programme year.</p> <p>Please see <i>Good Practice Guide – Attendance Records</i> in the programme rules documentation.</p>	Yes <input type="checkbox"/>

The following should be up to date and maintained accurately:

Approved Capitation		
4	Is the approved AIM 7 Capitation on the Hive accurate and up to date?	Yes <input type="checkbox"/>
5	Where capitation for additional assistance staff has been approved, is the assistance staff member additional to the ECCE in-ratio staff at all times, as required by the capitation?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
6	Is the assistance staff member additional to the ECCE in-ratio staff present in the ECCE session at all times when the relevant child/ren are registered to attend?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
7	Where capitation for reduced ratio has been approved, is the room ratio reduced by a minimum of three children at all times, as required by the capitation?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Appendix 2. Post Inspection Rectification Actions

Access and Inclusion Model (AIM) Level 7

Compliance Post Inspection Rectification Actions for Providers

Following an AIM Level 7 Compliance Inspection, approved providers will receive a notification, via the Hive, alerting them to the availability of the Compliance Report and outcomes. For each check conducted the Compliance report will outline the:

- Final compliance outcome (Compliant or Minor Non-Compliant/Moderate Non-Compliant/Major Non-Compliant)
- Reason for non-compliance outcome
- Required rectification action (if applicable); and
- Details of any comments and compliance corrections

For non-compliant outcomes, the provider will be required to take rectification action on the issue identified and make a commitment to comply with the AIM Level 7 requirements going forward. All rectification actions must be taken and reported on through the Hive within the required timeframe. This timeline will be outlined within the Compliance Report under the title 'Rectification Due' date. All rectification actions will then be verified by the Compliance team and each non-compliant outcome will be determined as 'Rectified' or 'Not Rectified'.

Where a provider fails to rectify a non-compliance outcome within the required timeframe, then a sanction may be imposed. **In particular, in instances of a non-compliance outcome relating to checks on maintaining reduced ratio and/or additional assistance, if the provider does not take the requisite rectification action within the required timelines, funding associated with the non-compliant capitations will be stopped. If the provider subsequently engages with Pobal to rectify the matter, the funding will then be reinstated. Please note that any funding relating to the period from the date the funding is stopped to the reinstatement date, will not be reimbursed retrospectively.**

The table below outlines all possible non-compliant outcome reasons and the relevant rectification action which will be required of the provider to ensure no sanctions are imposed.

Non-Compliant Outcome Reasons		Non-compliant categorisation	Rectification Action for Provider
PRE-REQUISITES			
1	Approved Provider did not facilitate the inspection – 1 st occurrence.	Major non-compliant	<ul style="list-style-type: none"> Facilitate future compliance inspections.
2	Approved Provider did not facilitate the inspection – 2 nd occurrence	Major non-compliant	<ul style="list-style-type: none"> No further Approved Provider action is possible as this constitutes a serious Compliance issue. A sanction may be applied. Facilitate any future compliance inspections.
ATTENDANCE RECORDS			
3	Child attendance records for the period under review do not exist – submit evidence	Major non-compliant	<ul style="list-style-type: none"> The Approved Provider shall ensure that all attendance records for all AIM Level 7 session(s)/ room(s) are maintained on-site, in the required format and be made available for inspection at all times. The Approved Provider shall upload evidence using the upload button, of attendance records of DCEDIY funded children, in receipt of AIM Level 7 funding, currently being maintained (see Inspection Comments section for details of records to be submitted). In addition, the Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. Failure to complete this rectification action i.e., to upload the relevant evidence and to complete the self-declaration by the Rectification Due Date, may result in the application of a sanction.
4	Child attendance records for the period under review do not exist – historical issue	Major non-compliant	<ul style="list-style-type: none"> The Approved Provider shall ensure that all attendance records for all AIM Level 7 session(s)/room(s) are maintained on-site, in the required format and be made available for inspection at all times. The Approved Provider shall complete a self- declaration, by the Rectification Due Date, by selecting the tick box. Failure to complete this rectification action i.e., to complete the self-declaration by the Rectification Due Date, may result in the application of a sanction.
5	Child attendance records for all rooms are not available on-site for inspection on day of initial inspection.	Major non-compliant	<ul style="list-style-type: none"> The Approved Provider shall ensure that all child attendance records since the start of the programme year, for all AIM Level 7 session(s)/room(s) are available on-site for inspection at all times.

ATTENDANCE RECORDS cont.

6	Child attendance records for all rooms are not available on-site for inspection on day of revisit	Major non-compliant	<ul style="list-style-type: none"> • The Approved Provider shall ensure that all attendance records for all AIM Level 7 session(s)/room(s) are maintained on-site, in the required format and be made available for inspection at all times. • The Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. • Failure to complete this rectification action i.e., to complete the self-declaration by the Rectification Due Date, may result in the application of a sanction.
7	Child attendance records are not in an adequate format to allow compliance to be checked – submit evidence	Major non-compliant	<ul style="list-style-type: none"> • The Approved Provider shall ensure that all attendance records for all AIM Level 7 session(s)/room(s) are maintained on-site, in the required format and be made available for inspection at all times. • The Approved Provider shall upload evidence using the upload button, of attendance records of DCEDIY funded children, in receipt of AIM Level 7 funding, currently being maintained (see Inspection Comments section for details of records to be submitted). • In addition, the Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. • Failure to complete this rectification action i.e., to upload the relevant evidence and to complete the self-declaration by the Rectification Due Date, may result in the application of a sanction.
8	Child attendance records are not in an adequate format to allow compliance to be checked – historical issue	Major non-compliant	<ul style="list-style-type: none"> • The Approved Provider shall ensure that all attendance records for all AIM Level 7 session(s)/room(s) are maintained on-site, in the required format and be made available for inspection at all times. • The Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. • Failure to complete this rectification action i.e., to complete the self-declaration by the Rectification Due Date, may result in the application of a sanction.

REDUCED RATIO

9	AIM Level 7 reduced ratio is not in line with funding allocation for a sample period reviewed	Major non-compliant	<ul style="list-style-type: none"> • The Approved Provider shall ensure that reduced ratios are maintained in line with the approved AIM Level 7 capitation. • The Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. • Failure to complete this rectification action i.e., to complete the self-declaration by the Rectification Due Date, will result in the funding associated with the non-compliant capitation being stopped.
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ADDITIONAL ASSISTANCE

10	An additional staff member was not assigned to the AIM Level 7 room/session, for a sample period reviewed	Major non-compliant	<ul style="list-style-type: none"> • The Approved Provider shall ensure that approved AIM Level 7 capitations in relation to additional assistance staff are maintained at all times. • The Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. • Failure to complete this rectification action i.e., to complete the self-declaration by the Rectification Due Date, will result in the funding associated with the non-compliant capitation being stopped.
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AIM 7 QUALIFICATIONS

11	The relevant staff qualifications are not evidenced on-site and were not provided within required timelines.	Minor non-compliant	<ul style="list-style-type: none"> • The Approved Provider shall ensure that all relevant staff qualifications for staff employed under AIM Level 7 are maintained on-site at all times, to allow checks to be conducted. • The Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. • Failure to complete this rectification action i.e., to complete the self-declaration by the Rectification Due Date, may result in the application of a sanction.
12	The Approved Provider is not meeting the staff qualification requirements, at visit date.	Moderate non-compliant	<ul style="list-style-type: none"> • The Approved Provider shall ensure that all AIM Level 7 staff meet the minimum requirement for staff qualifications in line with the AIM programme rules. • The Approved Provider shall complete a self-declaration, by the Rectification Due Date, by selecting the tick box. • Failure to complete this rectification action i.e., to complete the self-declaration by the Rectification Due Date, may result in the application of a sanction.

Compliance Reinstatement Declaration

In the event that a service fails to complete the rectification action(s) in relation to maintenance of reduced ratio or additional assistance, funding associated with the non-compliant capitations will be stopped. If the provider subsequently engages with Pobal to rectify the matter and completes the Compliance Reinstatement Declaration, the funding will then be reinstated. Any funding relating to the period from the date the funding is stopped to the reinstatement date, will not be reimbursed retrospectively. Please note that reviews cannot be submitted on the associated capitations until the Compliance Reinstatement Declaration is completed and submitted via the Hive.

REDUCED RATIO			
AIM Level 7 reduced ratio is not in line with funding allocation for a sample period reviewed	Major non-compliant	Not rectified	<ul style="list-style-type: none"> • The Approved Provider shall ensure that reduced ratios are maintained in line with the approved AIM Level 7 capitation. • The Approved Provider shall complete a compliance reinstatement declaration, by selecting the tick box.

Additional Assistance			
An additional staff member was not assigned to the AIM Level 7 room/session, for a sample period reviewed	Major non-compliant	Not rectified	<ul style="list-style-type: none"> • The Approved Provider shall ensure that approved AIM Level 7 capitations in relation to additional assistance staff are maintained at all times. • The Approved Provider shall complete a compliance reinstatement declaration, by selecting the tick box.