

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015DL010
<b>Name of Service:</b>	Bee Kool Kidz Creche
<b>Address of Service:</b>	Upper Ballymacool, Letterkenny, Co. Donegal
<b>Eircode:</b>	F92 TKE5
<b>Name of Registered Provider:</b>	Lucia Dunleavey
<b>Service type:</b>	Full Day
<b>Date 1 of Inspection:</b>	24/04/2025
<b>Date 2 of Inspection:</b>	04/06/2025
<b>No of pre-school children:</b>	AM n/a PM 26

<b>Address of the Early Years Inspectorate:</b>	Donegal Early Years Inspectorate, St. Conal's Campus, Letterkenny, Co. Donegal. F95 XK94
<b>Inspection undertaken by:</b>	N McEndoo.
<b>Title:</b>	Early Years Inspector

### 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

Bee Kool Kids Creche is a privately owned and operated preschool service located on the outskirts of the town of Letterkenny, Co. Donegal. The service caters for children aged 1-6 years and provides full day care from 8.00am-6.00pm each weekday. A sessional service operates from 9.30am-12.30pm. A school age service is also on the premises. The service operates from one main building which was purpose built for the provision of the early years' service. The premises consists of three care rooms, a sleep room, a kitchen dining area where meals for children are prepared and served, an office and relevant sanitary facilities. There are three outdoor play areas, two located at the sides of the main building and a separate secure area along the driveway.

### Staffing

The registered provider does not work in the service. There is a total of 16 adults employed within the service, 14 of these adults work directly with preschool children. There is one staff member is employed to work solely in the school age service and one staff member employed to work in the kitchen.

### 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.

The inspection focused on an examination of compliance under regulations 9, 11, 16 (1)(h)(i)(j), 23, 25 and 28; however, on inspection additional non-compliance which posed a risk was identified under Regulation 27. These findings are outlined within the relevant regulation within this report.

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.

### Acknowledgments

The inspector wishes to acknowledge the cooperation of the registered provider, 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)

The registered provider ensured that.

- (a) There was a designated person in charge and a named adult to deputise in their absence.
- (b) The designated person in charge was available on the premises throughout the period of inspection.
- (c) There was 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.

(2)

On the day of inspection, nine adults were present, the person in charge, the cook and seven adults who were employed to work directly with the children.

The following vetting information was available for the registered provider and 16 adults who were employed at the time of inspection:

- (a) 28 written validated references from past employers for 13 of the adults.
- (b) 6 written validated references from reputable sources for 4 of the adults.
- (c) Garda vetting disclosures had been obtained for all 17 adults. 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) Police vetting from the police authorities in another state was available for two adults who had lived outside the state for a period of six consecutive months or more.

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

(4) 15 of the adult files reviewed, evidenced they held a major award at level 5 or above in early childhood care and education on the national qualification framework, or qualifications deemed by the Department of Children, Disability and Equality (DCDE) to meet the regulatory requirement.

### Non-Compliance Information

(2)

(d) Police vetting from the police authorities in another state was not available for two adults who had lived outside the state for a period of six consecutive months or more.

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

#### Corrective and Preventive Action

(2)

(d) Police vetting submitted for one of the two adults.

The second adult is currently awaiting an appointment with the relevant authorities to obtain police vetting documentation from those countries.

#### Supporting documentation submitted

Copy of police clearance submitted for one adult.

Copy of email applying for police clearance a second adult.

### Summary Comment

Evidence of International Police Vetting for one adult was received and accepted. However, a copy of the completed International Police vetting for the second staff member remains outstanding. The registered provider is required to furnish the required documentation to the Inspectorate upon receipt. The noncompliance in relation to regulation 9(2)(d) remains outstanding.

## 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.*

*(3) 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.*

## Compliance Information

- (1)  
On the day of inspection, there was an adequate number of adults working directly with the preschool children attending the service.
- (2)  
The minimum ratio of adults to children was maintained throughout the inspection.

## Part IV – Information and Records

### Regulation 16 – Record in relation to pre-school service

(1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:

- (h) details of attendance by each pre-school child on a daily basis;
- (i) details of staff rosters on a daily basis;
- (j) details of any medication administered to a pre-school child attending the service with signed parental consent;

## Compliance Information

(h) A written record was maintained in the service to document the attendance of each preschool child.

## Non-Compliance Information

- (1)
- (i)  
Records pertaining to a staff roster was held for adults working within the service. However, the roster did not record the break times of staff or note who was available to cover the staff breaks.
- (j)  
Administration of medication to children was not always adequately recorded. It is noted that parents are communicated to on pick up, and through notebooks that are sent home with children daily. Of the samples reviewed the dosage given, the staff member signature, the signature of the witness to medications given, and the parents signature were not always present.

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

#### Corrective and Preventive Action

- (i) Rotas now include “Lunch Breaks & Cover” and the staff cover for these breaks. This was explained to all staff during a meeting held on 15/05/2025, explaining this reason for this and to make staff aware of who or where they may be covering a break for another staff member. These are available on hard copy in the office and displayed in the office.
- (j) All staff were asked to read and reflect on “Administration of Medication” Policy and Procedures during a staff meeting held on 15/05/2025. A discussion was had during this meeting on this and how to implement this in practice. Procedures are now reinforced with no child receiving anti-febrile medication without a phone call made by a member of staff prior to administration. An “Administration of Medication” form is also completed by the staff member administering the medication and this is to be signed by the parent upon collection of the child. These forms are located on the back of each child’s enrolment form, and these are reviewed by the room leader on a weekly basis to ensure that practices are in line with the “Administration of Medication” Policy. This practice is signed and dated by the room leader.

#### Supporting documentation submitted

- (i) Sample roster submitted.
- (j) Copy of medication consent form and policy submitted.

### Summary Comment

The actions and evidence submitted have been reviewed. The non-compliances identified under Regulation 16 have been adequately addressed.

## 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:

- The main entrance was found to be secured on arrival preventing unauthorised access or exit from the premises.
- Warm running water was available for hand washing at a temperature below 43°C.

- Cleaning products and equipment were stored out of the reach of children.
- The outdoor perimeter was secured with fencing and bolted gates to prevent unauthorised exit from the service.

### Infection Control:

- The materials and resources throughout the service were visually clean.
- There was adequate handwashing facilities provided throughout the service with warm water, liquid soap and paper towels.
- The sanitary facilities were observed to be ventilated by openable windows.
- Aprons and gloves were available and observed in use by staff when changing of a child was required.
- Sanitary facilities were observed to be kept maintained and clean.

### Administration of Medication:

- When interviewed, staff were aware of their responsibilities for the safe administration of medication. No medication was observed to be administered on the day of inspection.

### Safe Sleep:

- The service had a designated sleep room with appropriate cots available to children.
- Sleep checks were observed to occur every ten minutes.

### Fire Safety:

- Fire doors were observed to be unobstructed throughout the service.
- Fire evacuation procedures were clearly displayed in the care rooms.
- Fire extinguishers were on the premises and easily accessible.

## Non-Compliance Information

### General Safety:

1. Garda vetting was available for two staff members. However, these 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'.
2. During discussion with staff, it became apparent that some adults were unsure about who was trained in providing first aid to children, should a need arise. Additionally on the day of inspection there was confusion regarding the location of the first aid box, and the inspector was initially directed to the wrong place. The lack of clarity poses a potential risk to children safety, in the event of accident or medical emergency.
3. A low hanging wire was accessible to children in the sleep room. This posed as a safety risk to children.

4. Wooden pallets, and rusted tins were observed in the outdoor area. These posed a risk of snagging and causing injury to a child.
5. Two tall shelving units, one in each of the care rooms, were found to be unsecured and posed a potential risk of injury if they were to tip over.

### **Infection Control:**

6. Children who were observed wiping their noses independently did not wash their hands afterwards. This poses a risk of spreading germs and infections among children and staff.
7. A toilet training seat was observed to be hanging from the radiator in the sanitary area. This poses a risk of cross contamination.
8. The sand pits in the outdoor area were left uncovered when not in use, posing as a risk of infection should vermin access it.
9. A nappy changing mat and a child size sofa in the outdoor area were both torn, leaving the internal foam exposed. These items could not be cleaned effectively therefore posing a risk of cross infection.

### **Administration of Medication:**

10. On discussion with staff, it was clear that some staff were unaware of children within the care rooms who had medical needs. This could lead to a delay in treatment if required.

### **Fire Safety:**

11. A referral was made to the local fire officer in relation to a fire escape door that was found to be locked on inspection with the key in the lock. The door was in the sleep room for children aged under 2. The fire officer confirmed this did not satisfy fire safety conditions. It is acknowledged the lock mechanism was removed the following day.

### **Action submitted by the Registered Provider**

#### **Corrective & Preventive Action**

#### **General Safety:**

1. Garda Vetting Renewals were carried out for these two members of staff and have been completed. Employee file checklists are now carried out every month by Management to ensure that actions can be made in a timelier manner. These checklists are signed and dated by whoever is completing it.
2. First Aid Responders are named on the rota on the days that they are on shift. This was also discussed with all staff at a meeting held of 15/05/2025, when discussing the new layout of the rota. During the staff meeting there was also discussion and clarity given around the location of the first aid box. A label has also been located on this first aid box. The rota gives clarity on who is present on shift. A staff member has now been

assigned to carry out the role of First Aid Safety Officer. This role involves the staff member carrying out monthly checks on first aid supplies, the visual representation of the first aid box, checking in with members of staff if they are aware of who first aid responders are on shift that day and reviewing who may need to obtain refreshers in their first aid.

3. This low hanging wire has now been removed. Discussions were had during staff meeting on 15/05/2025 on the importance of removing hazards as soon as possible should be notice these. Management also highlighted the need to inform them of any hazards once they notice these. A Health and Safety Officer is also in place to do monthly checks.
4. The wooden pallets have been removed from the outdoor area. Outdoor areas are checked by members of staff every morning before entering outdoor areas. This is now part of the opening routine. This has been discussed and agreed upon during a staff meeting on 15/05/2025. Health and Safety checks are carried out monthly by the Health and Safety Officer.
5. The shelving units have now been secured to the wall. Health and Safety checks are now carried out on a monthly basis to look for those things that may pose risk to children or adults.

### **Infection Control:**

6. Discussions were had during staff meeting on 15/05/2025 on the infection control policy in place. All staff were asked to read over the hand washing and nose wiping section within the infection control policy. This is reinforced daily by room leaders and more child friendly posters available to remind staff and children. Handwashing is part of the routine within rooms, e.g. before meals, after toilet.
7. Toilet training seats have been removed from two of the three toilets. One toilet training seat is located on one of the toilets. This was discussed and clarified during staff meeting on 15/05/2025. Discussions were had during staff meeting about ensuring that the amount of toilet training seats needed are to be reviewed every month as to when and if children need then. Room leaders are responsible for ensuring this happens.
8. Door closures have been made for the sand pit area. These doors are closed when not in use. Signs have been made for these closures to remind staff to close these when not in use.
9. The torn nappy changing mat has been disposed of and a new nappy changing mat is in place. The torn child sized sofa in the outdoor area has also been disposed.

### **Administration of Medication:**

10. Leaders have the role of ensuring that all staff within rooms are aware of any medical needs. This is communicated on entry into the room. All medical needs are displayed on the medicine cupboards to allow

for a visual display to remind staff. Leaders have been trained in how to effectively deliver this information to others and created visual prompts. A checklist has been created.

**Fire Safety:**

11. The door has been opened, and the key was removed from the area. All staff were made aware of the importance of ensuring this door is not to be locked at any times on 15/04/2025. This door is never locked, and the key is located in the office, away from the location of the fire door. Only management have access to this key.

**Supporting documentation submitted**

**General Safety:**

1. Copy of Garda vetting received for two adults.
2. Copt of rota naming First Aid responders on shift submitted along with a photo of the labelled First Aid box and copy of First Aid supply checklist.
3. 4., 5., Copy of Health and Safety Checklist submitted.
6. Exert from Infection Control Policy and copy of child friendly guide to handwashing submitted.

**Infection Control:**

8. Photos of sand pit area and sign submitted.
9. Photo of new changing mat submitted.

**Fire Safety:**

11. Photo of fire door submitted.

**Summary Comment**

The actions and evidence submitted have been reviewed. The non-compliances identified under Regulation 23 have been adequately addressed. This area of practice will be assessed at the next inspection

## Part VI - Safety

### Regulation 25 - First aid

*(1) A registered provider shall ensure that a person trained in first aid for children is, at all times, immediately available to the children attending the pre-school service.*

*(2) A registered provider shall ensure that a suitably equipped first aid box for children-*

*(a) is safely stored in an easily accessible and conspicuous position on the premises, and*

*(b) is available to the children attending the pre-school service at all times.*

### Compliance Information

(1)

The registered provider had ensured that an adequate number of staff members were trained in first aid, and available to the preschool child at all times. On the day of inspection, there were six staff trained in first aid responder (FAR).

(2) (a) (b)

An adequate and sufficiently stocked first aid box was easily accessible and stored in the dining area of the premises and available to the children attending the service.

### Part VI - Safety

#### Regulation 27 – Supervision

*A registered provider shall ensure that pre-school children attending the service are supervised at all times.*

#### Non-Compliance Information

1. It was observed during nappy changing, at 12:01 and 12:16, children in the baby room were left without direct supervision. Although a viewing panel is installed in the nappy changing area, it does not provide adequate oversight of the room in its entirety or replace the need for active supervision.
2. During a sleep check, the adult left the room to enter the sleep room and children were left unattended. A child became visibly upset after another child interacted with them in an unwanted manner. The safety and wellbeing of all children must be always considered throughout the day.
3. Handwashing and toileting were not consistently supervised by staff to ensure children were following good hygiene practices. Older children were observed using the sanitary facilities and returning to the care room without flushing the toilets or washing their hands. While staff did call out to check if assistance was needed, this approach did not provide effective supervision during these times.

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

##### Corrective and Preventive Action

1. Another member of staff is to be made available should a nappy change need to happen when only one member of staff is in the baby room, e.g. a manager can supervise children in the baby room while a nappy is getting change by key worker staff. The routine of the baby room has been changed. Nappy changes are now scheduled when at least two members of staff are in the baby room.
2. More staff have been made available during sleep times. We are currently recruiting for additional staff to specifically support sleep times and lunch cover.
3. Infection control was again discussed during a meeting on 15/05/2025, also looking at Toileting and Supervision Policy. Leaders are reinforcing handwashing and supervision during these periods. Key workers are now taking groups of children to the toilet areas at scheduled times to reduce these incidents, ensuring adequate staffing is available.

##### Supporting documentation submitted

3. Evidence of supervision and toileting policy submitted.

## Summary Comment

The actions and evidence submitted have been reviewed. The non-compliances identified under Regulation 27 have been adequately addressed. This area of practice will be assessed at the next inspection.

## Part VI - Safety

### Regulation 28 - Insurance

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

## Compliance Information

The registered provider ensured adequate insurance was in place for the full day care service for 58 children up until 26 March 2026.