

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015DL014
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<b>Name of Service:</b>	Bomany Nursery & Montessori School
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<b>Address of Service:</b>	Bomany, Letterkenny, Co. Donegal
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<b>Eircode:</b>	F92 P983
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<b>Name of Registered Provider:</b>	Pallavi Srivastava, Ritesh Srivastava
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<b>Service type:</b>	Full Day, Part Time, Sessional
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<b>Day 1 of Inspection:</b>	19/09/2025
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<b>Day 2 of Inspection:</b>	24/09/2025
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<b>Day 1 No of pre-school children</b>	AM	26	PM	12
<b>Day 2 No of pre-school children</b>	AM	23	PM	3

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, TUSLA Child & Family Agency, Markievicz House, Barrack St, Sligo, F91 XC84
<b>Inspection undertaken by:</b>	L Costello. N McEndoo. Y Coyne.
<b>Title:</b>	Early Years Inspectors and Inspection Regulation Manager

### 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

Bomany Nursery & Montessori School is a privately owned and operated pre-school service located in a rural setting on the outskirts of Letterkenny. The service has recently been taken over by new management and is registered to provide a full day, part-time and sessional care to children aged 0 - 6 years. The service is also registered to provide school age care. The hours of operation are from 8.00am to 5.30pm with the sessional service operating from 9.00am to 12.00md. The service operates from two adjacent buildings located on an elevated site in a residential setting. There are four care rooms, namely Montessori 1, Montessori 2, Montessori 3 and the toddler/wobbler room. The toddler/wobbler room is a single physical space but is operated as two separate areas, with a low fence partitioning the area into distinct play zones for babies and toddlers/wobblers. There was only three rooms in operation on the days of inspections. There is a kitchen on site and other facilities include storage areas, a staff room and sanitary accommodation for both staff and children. There are four outdoor areas available which feature a variety of surface types including paving, natural grass, artificial grass and soft pour surfaces. The outdoor spaces have been sub-divided into distinct areas for use by different groups of children at any one time

### Staffing

There are two registered providers in the service, who were present on both days of the inspection. On day one of the inspection, five members of staff worked directly with the preschool children. Two staff members worked solely with the school aged children. On day two of the inspection, both registered providers and two staff members worked directly with the preschool children. One staff member worked solely with the school aged children. There were five staff members on leave and as a result both registered providers where required to work directly with the children. The chef was present on both days of inspection.

### 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 9,10, 11, 16 (c) (h) (i) (j) (k), 19,23, 25, 27, 28, 29, 31 and 32.

A sampling process was used to assess compliance under regulation 16 (h) (i) (j) (k). As a result, the scope of the inspection included Montessori 1, Montessori 2, Montessori 3, and Toddler 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

- (1) This inspection was triggered by information received by the Inspectorate.
- (2) A referral was made to Tusla's Child Safeguarding Statement Compliance unit in response to this incident.
- (3) An Immediate Action Notice (IAN) was issued to the registered provider on 19 September 2025 in relation to regulation 23 General Safety in respect of unsecured access to the kitchen area on the day of inspection. A response was received on the 20 September 2025 to the IAN stating that the area had been secured. This was deemed adequate by the inspectors.
- (4) An Immediate Action Notice (IAN) was issued to the registered provider on the 24 September 2025 in relation to Regulation 25 in respect of no adult working in the service who was trained with first aid for children (FAR) on that day. A response was received on the 25 September 2025 to the IAN stating that one adult had completed paediatric first aid and would be available to the children. This was deemed adequate by the inspectors as an interim measure until FAR training has been organised.
- (5) An Immediate Action Notice (IAN) was issued to the registered provider on 25 September 2025 in relation to regulation 23 General Safety in respect of chemicals not being stored securely. A response was received on the 26 September 2025 to the IAN stating that the chemicals had been secured. This was deemed adequate by the inspectors.
- (6) The registered provider received two opportunities to respond to the non-compliance found on the day of inspection. A CAPA one form was received on the 21 October 2025. This response failed to address all the non-compliance found on the day of inspection and a second opportunity was given in a CAPA two. The response was received on the 31 October 2025.  
  
Whilst both responses addressed some of the non-compliances, it failed to address all the non-compliance found on the day of inspection. The outstanding non-compliances will be discussed in the body of this report.

### Acknowledgments

The inspectors wish 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-

(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

(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.

(7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:

(a) the policies, procedures and statements of the service specified in Schedule 5;

(b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and

(c) these Regulations.

#### Compliance Information

(1) (b) The deputy person in charge was present on day one of inspection and facilitated the inspection. The registered providers were present during both inspection days.

(2)

Following a review of previous inspection information, information available on the days of inspection and discussion with the person in charge it was determined that five new staff members had been employed

since the previous inspection. Three of these staff members have since left the service. One of these new staff members work directly with the children and another new staff member works in the Kitchen.

A total of 6 files were reviewed. In addition, Garda vetting for 12 adults who were employed at the time of the last inspection and the 6 new staff were reviewed.

(a)(b)

Eleven written and verified past employer references or references from a reputable source in the absence of a past employer, were available in respect of the six adults employed in the service

(c)

Garda vetting disclosures had been obtained for all eighteen adults in the service. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d)

International police vetting was available for three of the recently employed adults who had lived outside the state for a period of six months or more.

- (4) Documentary evidence was provided to demonstrate that four staff members had obtained 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.

### Non-Compliance Information

(2) (a) (b)

One adult recently employed did not have a second written and verified reference as required. This was identified as a non-compliance on the last two inspections and actions put in place failed to prevent a reoccurrence.

(3)

A review of documentation evidenced that the requirements of Regulation 9(2) had not been completed prior to 1 staff member being appointed, assigned, or allowed access to or contact with a child attending the preschool service as outlined above under point 2(a)(b).

(7)

The registered provider /person in charge did not demonstrate that they had taken all reasonable measures to ensure that all employees and unpaid workers were appropriately supervised and provided with appropriate information and training. This was evidenced on the day of inspection in the following examples:

- The registered provider could not demonstrate that staff members present at the time of a critical incident were informed inducted or trained in the guidance to be followed should a critical incident occur.
- Five adults had been employed since the previous inspection. The service staff induction policy outlined that handbooks were provided as well as induction to the service policies and procedures. However, this was not reflected in practice as records reviewed demonstrated that only two new staff had partially completed induction checklists
- The Staff Supervision policy stated that all staff members must have formal supervision meetings that will occur on a minimum of a bi-annual basis, with additional ad hoc meetings as needed. From discussion with staff and review of records, informal and sporadic meetings occur with staff, staff are advised they can contact the registered providers should an issue arise. Evidence of an actively implemented formal supervision structure was absent on Inspection. This non-compliance was identified on a previous inspection in February 2025 where the actions put in place failed to prevent a reoccurrence.

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

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

In a written response the registered provider stated:

(2) (a) (b)

A second reference letter has been obtained and reverified. Going forward we will only accept references from past employers.

(3)

Reference submitted. No preventive action submitted.

(7)

Staff Induction has been completed for all staff.

Supervision meetings are completed for all existing staff. We implement an open-door policy, and staff can talk to management anytime for any concern.

All staff reviewed the critical incident policy on the 28 October 2025.

#### **Supporting documentation submitted**

(2) (a) (b) Second reference submitted on the 31 October 2025.

(3) Outstanding reference submitted on 31 October 2025.

(7) Inductions submitted, copy of supervision meetings submitted, critical incident policy review submitted on the 31 October 2025.

### Summary Comment

The corrective and preventive actions submitted by the registered provider adequately addresses the non-compliance found in relation to Regulation 9 (2) and (7) on the day of inspection.

The non-compliance regarding Regulation (9) (3) remains outstanding.

### Part III – Management and Staff

#### Regulation 10 - Policies, procedures etc. of pre-school service

*A registered provider of a pre-school service shall ensure that the written policies, procedures and statements specified in Schedule 5 are in place for the service.*

### Compliance Information

A sample of the required written policies, procedures and statements that are specified and required under schedule 5 of these regulations were reviewed.

The following policies, procedures and statements were included as part of this inspection and deemed to be compliant:

- (c) policy on administration of medication
- (j) accident and incident policy
- (n) outdoor play policy
- (r) risk management policy
- (t) staff training policy
- (u) supervision policy

### 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) An adequate number of adults worked directly with the preschool children on both days of inspection.

(2) On the two days of inspection the service was operating at reduced capacity. Three rooms were in operation during the morning and two rooms in the afternoon. The service had an appropriate number of adults to meet the needs of the children attending the service at these times.

- The minimum number of adults to children were maintained throughout the inspection as follows.

On the 19 September 2025 at approximately 10:00am the following ratios were observed:

- Montessori Room 1: Two adult provided care to 10 preschool children aged from 2.8 years of age to 4 years of age.
- Montessori Room 2: One adult provided care to 7 children aged between 2.8 years to 4 years of age.
- Montessori Room 3: Two adults provided care to 9 children aged between 3 years of age and 5 years of age.

On the morning of the 24 September 2025 the following ratios were observed.

- Montessori Room 1: Two adults provided care to 10 preschool children aged from 2.8 years of age to 4 years of age.
- Montessori Room 2: One adult provided care to 4 children aged between 2.8 years to 4 years of age.
- Montessori Room 3: One adult provided care to 9 children aged between 3 years of age and 5 years of age.

### Non-Compliance Information

(8) (a)

A copy of the roster and attendance records reviewed during inspection demonstrated that on the 24 September 2025, only one staff member was present on the premises while four children were in attendance between 08:00hrs and 08:45hrs. The absence of a second adult posed a significant risk to child safety, supervision, and emergency response capacity.

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

#### Corrective and Preventive Action

None submitted.

**Supporting documentation submitted**

Roster submitted.

**Summary Comment**

No corrective action or preventive action was submitted by the registered provider for either the CAPA One or CAPA Two response.

This non-compliance in relation to Regulation 11 (8)(a) remains outstanding.

**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:*

*(c) details of the adult:child ratios in 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;*

*(k) details of any accident, injury or incident involving a pre-school child attending the service.*

*(2) A registered provider shall ensure that-*

*(a) all documents and records relating to references and Garda and police vetting obtained under Regulation 9(2) are retained for a period of 5 years from the date on which the person to whom the document or record relates commences working in the service, and*

*(3) A record referred to in paragraph (1) shall be open to inspection on the premises, and the documents and records referred to in paragraph (2)(a) shall be open to inspection whether on the premises or elsewhere, by an authorised person.*

**Compliance Information**

(2) (a)

The registered provider demonstrated that all records in relation to garda and police vetting are retained for a period of five years.

(3) These records were available on the day for inspection by the authorised person.

**Non-Compliance Information**

(1)

(c)

An incident occurred within the service which was notified to the Inspectorate. It was not possible to determine if the staff ratios on that day were in line with the requirements of the legislation as no accurate record of what adults and children were in the service could be provided. The electronic App is not being updated on a daily basis.

(h)

On the day of inspection accurate attendance records of the number of preschool children present at the time of an incident could not be provided by the registered provider. It is acknowledged that when requested the registered provider did provide information, however this information was inaccurate. In addition, the registered provider was unable to retrieve information requested from the App as information recorded was inaccurate and not updated in a timely manner. This information remained at variance with accounts of staff working directly with the children.

(i)

Staff rosters provided to the inspectors were not accurate of the staff members present on the day of inspection. A review of rosters and discussion with the registered provider could not provide an accurate account of what staff members were working on the day of incident which was notified to Tusla.

(j)

A sample of 19 medication administration records since the last inspection were reviewed. Eight of the 19 records did not have evidence that the parent was informed that temperature reducing medication was administered to the preschool child which is at variance with the service policy on administration of medication. This poses a risk of overdose to the preschool child.

(k)

- A sample of 15 records of accidents and incidents which had occurred in the service since the last date of inspection on the 21 May 2025 were reviewed. Twelve out of the fifteen records did not contain evidence that parents/guardians had been informed of the accident/incident that had occurred which is at variance with the accident and incident policy in the service. This poses a risk to the continuity of care to a child. This was identified as a non-compliance on a previous inspection in February 2025 and actions put in place by the registered provider failed to prevent a reoccurrence.

- The service's risk management document and critical incident policy detailed that a full risk assessment would be completed following an accident/ incident or critical incident. A documented risk assessment had not been completed to identify potential risks and implement control measures after a critical incident in the service which is at variance with the service policy. While the registered provider stated he had contacted a contractor in relation to completing remedial works, the inspectors issued two immediate action notices as no interim remedial measures taken by the service after a critical incident in the service where a child was hospitalised.

This non-compliance was identified on a previous inspection in February 2025 where risk assessments were not completed in a timely manner after a serious incident and the actions put in place failed to prevent a reoccurrence.

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

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

In a written response the registered provider stated:

- (1)
- (c) We now maintain ECI attendance book for both Staff and child attendance to demonstrate ratios. Going forward will update this log daily.
- (h) We now maintain ECI attendance book for both Staff and child attendance. This will be updated daily.
- (i) We now maintain ECI attendance book for both Staff and child attendance. This will be updated daily.
- (j) Medication administration records will be followed through ensuring of parent's signature on day of administration. Staff has been reminded of our policy.
- (k)
- Since the last inspection, new staff joined our service, protocol to follow up with parent signatures on the day of incident wasn't always reminded to parents verbally. All staff have been reminded of our protocols and to follow up on these. Now the sr. staff has been given responsibility to cross check all forms on daily basis.
  - An incident risk assessment document has been completed.

#### **Supporting documentation submitted**

- (c) evidence of ratios submitted.
- (h) evidence of staff attendance submitted.
- (i) evidence of children's daily attendance submitted.
- (j) Signed medical forms submitted.
- (k) signed accident and incident forms submitted.

### Summary Comment

The corrective and preventive actions submitted adequately address the non-compliance found on inspection. This regulation is now compliant and will be reviewed on next inspection.

### 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*

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

*(b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.*

### Compliance Information

(1)(a) (b)

#### Basic Needs

The service operated a menu plan with a variety of nutritional and varied food. On the morning of the inspection the snacks provided by the service included a variety of fruit and yoghurts. The main meal of the day was chicken pie and mash. An alternative of pasta was also available. During discussion with the cook on site the menu was planned around the children's likes in line with the service healthy eating policy. On day one of the inspection drinking stations were observed in all rooms where children had access to water throughout the day. All children present on the days of inspection were toilet trained, and children were encouraged to be independent, and prompts were given if required.

#### Supporting relationships

On day one of the inspection staff members were observed to be respectful, gentle, and kind in their interactions towards the children in their care. During mealtimes the staff members sat at the table and engaged in social conversation with children promoting a relaxed atmosphere. There was evidence of a key working system in place and observations of the children's learning goals were evidenced and communicated to parents through the use of an application. Staff members were observed to engage with parents at drop off and collections in a polite manner informing parents of their child's day.

#### Physical and material environment

Children in Montessori Rooms 1 and 2 engaged with a variety of materials in clearly defined, well-resourced interest areas. Low-level shelving promoted independent access, while play kitchens, dress-up areas, small-world

toys, and a library supported imaginative, social, and language development. Sensory tables were available but not in use during the inspection. Adequate Montessori equipment supported both structured and child-led learning.

Montessori Room 3 provided a well-resourced, child-centred environment. The layout supported spontaneous play and movement, with open shelving promoting independence and choice. A designated rest area, furnished with soft cushions, blankets, and voile drapes, offered privacy while maintaining supervision and supporting children's emotional needs. A variety of materials, including books, arts and crafts, water play, and open-ended items such as large cardboard boxes, encouraged sensory exploration, creativity, and problem-solving.

On both day one and two of the inspection, all three rooms had access to three fully enclosed outdoor play areas: the soft play area, yard, and top garden. Each space offered varied environments that supported energetic and imaginative play. Features included a sandpit, climbing frames, ride-ons, balance bikes, chinks, a playhouse with slide, outdoor kitchen, and construction toys, all contributing to a rich and stimulating outdoor experience.

### Programme of Activities:

In Montessori 3, children's language development was effectively supported and observed through one-to-one and group interactions, including storytelling, singing, and purposeful conversations. These interactions took place during both structured circle time and informal moments as well as mealtimes, providing varied opportunities for meaningful engagement.

Evidence of curriculum planning was displayed on the walls of all care rooms which focussed on both short- and long-term planning.

## 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:

- Windows were risk assessed, and restrictors were in place for the safety of the preschool child.
- Waste was inaccessible to the preschool child with foot operated pedal bins available throughout the service.
- Toys and play equipment were in a good condition free of pinch and crush points, exposed bolts or sharp edges.
- Flexes and cables were secured out of reach of the preschool child.

- Hot drinks were not consumed in the presence of the preschool children.

### Infection Control:

- On day one of the inspection children were observed to wash their hands as appropriate.
- The service was visibly clean with a cleaning checklist in place that was up to date in all care rooms.

### Administration of Medication:

- On discussion with a staff member, they demonstrated their knowledge of the medication administration policy in operation in the service.

### Fire Safety:

- Fire doors remained unobstructed on the day of the inspections.
- Evidence of monthly fire evacuation drills were displayed on walls in the service.
- Fire evacuation procedures were clearly displayed in the care rooms.

### Non-Compliance Information

#### General Safety:

The registered provider did not take sufficient measures to ensure that children attending the service were safe as demonstrated by the following:

1. The kitchen was accessible to preschool children on the day of an incident notified to Tusla by the registered providers.
2. Remedial actions to ensure the safety of children present were not taken to secure the kitchen after an incident in the service. An immediate action notice was issued on the 19 September 2025 as the kitchen remained accessible to preschool children.
3. On day two of the inspection the inspectors observed that the kitchen area remained accessible on number of occasions throughout the day. The adults present had gates left open and doors propped open contrary to the services daily risk assessments and remedial action to secure the area after a serious incident.
4. Contrary to the service policy on the 'safe storage of chemicals' in that all chemicals will be stored securely out of reach of children when not in use and the storage area will be kept locked at all times. This was found not to be implemented on the day of an incident that was notified to Tusla where children accessed chemicals. This was confirmed by the registered providers who viewed the cctv footage of the incident.
5. On day two of the inspection chemicals were observed to be stored on the kitchen floor. An immediate action was issued in relation to the immediate safety risks to the preschool child. A response was

received from the registered provider 26 September 2025 which evidenced that these chemicals are now stored behind a locked cabinet.

- On day two of the inspection a potential risk to a child was observed. A child placed several small objects into their mouth while the supervising adult had their back turned to the table where the child was seated. The inspector intervened to alert the adult to the child, who responded promptly by repositioning themselves and remaining with the child to ensure the equipment was used appropriately. However, a further incident occurred later where the same child placed another object in their mouth.

### Infection Control:

- On day two of the inspection in Montessori 2, children did not wash their hands prior to eating meals or after using the bathroom.
- On day two of the inspection in Montessori 2, tables were not cleaned down prior to meals being served.

### Administration of Medication:

- Medical creams were observed to be stored in the first aid box and on a review of accident and incident forms, these creams were applied after an accident or incident this is contradiction to immediate first aid response and training.

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

#### Corrective & Preventive Action

#### General Safety:

In a written response the registered provider stated:

- All doors leading to the kitchen have a magnetic door lock and can be opened only by an adult, additionally a child safety gate has been installed outside the kitchen door.
- On the day after the incident, the service had tried to take action following the incident, we had phoned a company and asked them to provide us with a cabinet/ lockable storage for the dishwasher detergent. Toddler room was closed. Staff were told to keep all doors closed if not supervised.
- Kitchen staff have given a warning to take responsibility to keep the child gate outside the area closed at all times. Again, it was reiterated to ALL staff the importance of ensuring these fire doors is closed at all times, a sign has been added to the doors which state they must remain closed at all times when unsupervised by an adult.
- Chemical stored in the kitchen has been put in a locked storage cabinet, chemical has been placed in a metal tray container, staff has been provided a chemical resistance glove.

5. Chemical stored in the kitchen has been put in a locked storage cabinet, chemical has been placed in a metal tray container, staff has been provided a chemical resistance glove.
6. All small/ non suitable objects have been put out of reach of the children and are only to taken out when the staff are available to fully supervise the activity.

### Infection Control:

7. A handwash printout has been put in all rooms and staff has been asked to monitor their hand washing habit especially before meals, and after toileting and outdoor play.
8. It was a missed task by staff on day of inspection as to not cleaning the tables prior to mealtimes. They will be cleaned going forward.

### Administration of Medication:

9. The medical cream has been removed from all first aid boxes.

### Supporting documentation submitted

#### General Safety:

1. Photographic evidence of magnetic lock doors submitted.
2. Photographic evidence of door lock submitted.
3. Minutes of meeting with staff submitted.
4. Minutes of meeting with staff submitted.
5. Photographic evidence of locked storage unit submitted.
6. Photographic evidence of items stored out of reach.

#### Infection Control:

7. Photographic evidence submitted.
8. Minutes of meeting submitted.

#### Administration of Medication:

9. Photographic evidence submitted.

### Summary Comment

The corrective and preventive actions submitted adequately address the non-compliance found on inspection. This regulation is now compliant and will be reviewed on 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

(2) (a) (b)

Fully stocked first aid boxes are available in each of the care rooms and are available to children at all times.

#### Non-Compliance Information

(1) An immediate action notice was issued on day two of the inspection as the service did not have any staff member trained with first aid for children on the premises during the operating hours. A response to this immediate action notice was received on the 25 September 2025 providing interim measures of a paediatric first aid trained person available to the preschool children. The required first aid responder training remains outstanding.

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

##### Corrective and Preventive Action

In a written response the registered provider stated:

We have four adults trained in First Aid Responder in service now and one adult trained in paediatric First aid.

We will keep a roster so that a FAR trained person is always on premises

##### Supporting documentation submitted

- One FAR qualification submitted on the 21 October 2025 three FAR qualifications submitted on the 31 October 2025.
- Roster submitted on the 31 October 2025.

#### Summary Comment

The corrective and preventive actions submitted in the CAPA Two response adequately address the non-compliance found on inspection. This regulation is now compliant and will be reviewed on next inspection.

### 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. On the day of an incident notified to Tusla the service did not ensure that children were supervised at all times which was confirmed by the registered provider to the inspectors. They stated that CCTV was reviewed of an incident; five children were playing in an outdoor area with two adults, the children were running in and out of the care room and accessed the unsecure kitchen. One child accessed a chemical detergent that was not locked away securely resulting in a medical emergency. This is also contrary with the services policy on supervision which states that ‘staff are deployed throughout the setting ensuring that no child is left alone for any period without an adult being aware’. Inadequate supervision was identified as a non-compliance on a previous inspection in February 2025.

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

##### Corrective and Preventive Action

In a written response the registered provider stated:

All existing staff has been supervised and got installed magnetic door locks on door leading to kitchen, additionally I got magnetic door lock on all exit doors in service, a sign has been to all door saying all door must to kept close all the time. Staff have reviewed the supervision policy.

- Chemical are kept in locked cabinet
- risk assessment completed of all areas of service.

##### Supporting documentation submitted

Evidence of staff review of supervision policy submitted on the 31 October 2025.

Picture of magnetic locks submitted on the 21 October 2025.

Picture of chemicals in locked box submitted on the 21 October 2025.

#### Summary Comment

The corrective and preventive actions submitted in the CAPA Two response adequately address the non-compliance found on inspection.

This regulation is now compliant and will be reviewed on 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 demonstrated that the service had adequate insurance for the 62 preschool children in a full day care service up until the 27 March 2026.

### Part VII - Premises and Space Requirements

#### Regulation 29 - Premises

*A registered provider shall ensure that the premises of the service are-*  
*(b) safe and secure,*

#### Compliance Information

The outdoor garden was secured with high level wooden fencing and spring-loaded gates to prevent unsupervised exit by the children.

#### Non-Compliance Information

The service was found not to be safe and secure as follows:

- On the day of an incident notified to Tusla, the registered provider confirmed that two doors that have a key coded locked security mechanism were propped open, resulting direct access to the 'Toddler room', 'Montessori 2' and the 'Kitchen'.
- On day two of the inspection, parents were observed to have the key code for entry which enabled them to walk directly into the care rooms and outdoor area without staff's knowledge or confirmation of identity. This creates a potential safeguarding risk whereby an unauthorised person may gain entry. This uncontrolled access undermines how the service monitors who is on the premises at any one time and also who has access to the premises during operational hours.
- On day one and two of inspection, the main door to the building which consists of the office and entry to preschool was observed to be unlocked and unsecure.

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

#### Corrective and Preventive Action

In a written response the registered provider stated:

Staff has been told to keep all doors closed unless it's being supervised. All door codes have been changed and staff has been reminded not to share this code with parents. Staff have reviewed the supervision policy

### **Supporting documentation submitted**

- Supervision policy submitted.

### **Summary Comment**

The corrective and preventive actions submitted in the CAPA Two response adequately address the non-compliance found on inspection. This regulation is now compliant and will be reviewed on next inspection. The corrective and preventive actions submitted by the registered provider in the CAPA one and CAPA two process failed to adequately address this non-compliance and this regulation remains outstanding.

## **Part VIII - Notifications and Complaints**

### **Regulation 31 - Notification of incidents**

*A registered provider shall notify the Agency in writing within 3 working days of becoming aware of any of the following incidents occurring in the preschool service:*

- (d) a serious injury to a pre-school child while attending the service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise;*

### **Compliance Information**

(d)  
The service demonstrated compliance by providing evidence of notifying the agency of a serious injury to a preschool child while attending the service that required immediate medical treatment within the specified time constraints.

## **Part VIII - Notifications and Complaints**

### **Regulation 32 – Complaints**

*(1) A registered provider 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.*

*(2) A registered provider shall ensure that-*

(a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and  
(b) the complaint is duly dealt with in accordance with the provider's complaints policy.

## Compliance Information

(1) (a) (b) (c)

The service has a complaints policy in place which outlines the procedures to be taken should the service receive a complaint. These procedures include how the matter is dealt with and how the complainant will be kept informed of the process.

(2) (a) (b)

The registered provider informed the inspectors that they have received no complaints since the service last inspection.