

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DL052		
Name of Service:	Aurora's Hobbits Ltd		
Address of Service:	Aveltygort, Crossroads, Killygordon, Co. Donegal		
Eircode:	F93 X9YA		
Name of Registered Provider:	Aurora McAllynn		
Service type:	Full Day		
Date(s) of Inspection:	30/04/2025		
No of pre-school children:	AM	49	PM 34
Address of the Early Years Inspectorate:	Donegal Early Years Inspectorate, St. Conal's Campus, Letterkenny, Co. Donegal. F92 XK84		
Inspection undertaken by:	N. McEndoo and S. Killeen		
Title:	Early Years Inspectors.		
Authority to Inspect			
The Tusla Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).			
Conditions if applicable	Not applicable		

Description of service

Aurora's Hobbits is a private childcare service located in a rural area in the townland of Killygordan Co. Donegal. Full day care, part time and sessional care and education is offered to children aged 0-6 years old. Opening hours are from 07:30am-18:00pm, Monday-Friday. The service operates between two buildings located on either side of a private family home. Three pre-school rooms are in a two-storey building, two on the ground floor and one on the first floor and a fourth pre-school room is in a building at the rear of the private dwelling. A sleep room, kitchen and office are also provided and a standalone modular unit, located to the front of the premises, is the staff room. Several play areas are located to the front and side of the premises.

Staffing

There are 14 adults employed in the service, this includes 10 adults working directly with the children, two cleaning staff, one chef and one janitor. The registered provider works directly with the children in a supernumerary capacity.

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, 23, 26, 27 and 29; however, on inspection additional non-compliance which posed a risk was identified under Regulation 8, 19 and 25. These findings are outlined within the relevant regulations 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.

Additional Information

1. An immediate action notice under Regulation 25 – First Aid was issued to the registered provider on 30 April 2025. There was no person present with FAR (First Aid Response) training for children immediately available to children on site at all times. A response was submitted by the registered provider on 30 April 2025 outlining the measures taken to address the immediate concern.
2. An immediate action notice under Regulation 9 – Management and Recruitment was issued to the registered provider on 1st May 2025. A response was submitted by the registered provider on 1st May 2025 outlining the measures taken to address the immediate concern.

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-

- (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, 13 adults were present, the registered provider, the person in charge, nine adults who were employed to work directly with the children, one adult employed as a cleaner, one adult employed as a chef and one adult employed as a janitor.

The following vetting information was available for 11 adults:

- (a) 11 written validated references from past employers for eight of the adults.
- (c) Garda vetting disclosures had been obtained for 12 staff. 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 one adult who had lived outside the state for a period of six consecutive months or more.

(4)

Eight 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, Equality, Disability, Integration and Youth (DCEDIY) to meet the regulatory requirement.

Non-Compliance Information

(2)

- The registered provider did not ensure that three staff files containing the documents referred to in regulation 9 (2) (3) and (4) were available on the day of inspection therefore compliance could not be determined.

From the files that were reviewed the following vetting information was not available:

- (a) Written validated references from past employers for six adults, or references from reputable sources in the case of a person who has no past employers.
- (c) Garda vetting was not available for three adults on the day. It is acknowledged that vetting was on site and received later that day for 1 of the adults.
- (d) It was not possible to ascertain if police vetting from the police authorities in another state was required for seven adults.

- (3) It could not be determined if the procedures specified in paragraph (2) had been carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the pre-school service as a record of start dates for staff were unavailable on the day of inspection.
- (4) Evidence for one adult file reviewed did not confirm that 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, Equality, Disability, Integration and Youth (DCEDIY) to meet the regulatory requirement. It is acknowledged that a transcript of results was held on file.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2)
 - Files belonging to two staff members omitted on the day of inspection have since left the service. One staff file has been submitted to the inspector for review.
- (a) Prior to this inspection I had accepted and checked all the staffs references and had determined them as all reputable sources. I am the registered service provider, and I accepted and verified all my team.
- (c) All the teams Garda vetting disclosures were in place apart from one and it has been obtained and are in the staff's files.
- (d) If asked I would have informed inspectors on the day that the staff did not need any police authorities in another state for my seven employees as their gaps were all personal leave.
- (3) If asked on the inspection all start dates would have been given.
- (4) The original certificate has been lost. Efforts have been made to secure a copy of the certificate, however as the qualification was obtained prior to 2016, the awarding body is unable to re-issue it.
 - All new staff files will have, Garda Vetting, CV checked for gaps of more than 3 months.
 - All start dates are on the staff files and new staff members will be put on theirs.
 - All staff files will have all their up-to-date information ready for inspections.

Supporting documentation submitted

(2)

- Full staff file for one adult submitted.
- (a) Evidence of references from a previous employer or reputable source submitted for four staff files.
- (c) Evidence of Garda vetting received for three staff files.
- (d) Up to date records of experience submitted for five staff members.

(3) None submitted.

(4) Evidence submitted from awarding body to confirm certificate cannot be reissued.

Summary Comment

The actions and evidence submitted have been reviewed. The non-compliances identified under Regulation 9 have been adequately addressed.

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)

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 at all times throughout the inspection.

(8)

The registered provider ensured that there were always at least two adults on the premises when children were present in the service as evidenced in a sample review of the staff roster.

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:*

(i) details of staff rosters on a daily basis;

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

(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

(1)

(i) The staff roster was available for inspection and included the rostered hours of work and assigned break cover, for all staff members.

Non-Compliance Information

Non-compliance in respect of 16(k) was found on the previous inspection. The preventative assurances given by the registered provider had not been followed.

(1)

(k) On the day of inspection, a sample of 10 accident forms were reviewed, of the files reviewed. From the sample, a record in writing was not held on file for the following. It is acknowledged four records contained the required information.

- The child's full name and the full name of the staff present were not completed.
- There was no evidence that the management had reviewed or signed the forms.
- The location of the incident or, the number of children present was not documented several of the forms.
- There was no time of incident recorded on one record.

- There was no evidence of a risk assessment being completed following several of the incidents documented.
- In the case where a risk assessment was present, there was no evidence to confirm the corrective action had been put in place as outlined in the risk assessment.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Our accident forms have been updated. A meeting was held on the 6th of May 2025 to update and inform staff. We will follow Tulsa guidelines and our policies. There be regular policy knowledge refresh for staff and regular oversight from management to ensure staff are aware of their role and responsibilities in relation to accident and incident policy

Supporting documentation submitted

Copy of document submitted headed 'Accident Form Unseen by staff.'

Copy of staff meeting agenda and attendance submitted.

Summary Comment

Following review by the inspector of the stated actions and evidence submitted the non-compliances identified under Regulation 16 (K) have been adequately addressed. The corrective and preventive action 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-

(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.

Non-Compliance Information

- (1)
- (b) On the day of inspection, the privacy and dignity of the child was not always recognised. During nappy changing, it was observed that the door to the changing room was left open. Children being changed were visible to other children or persons in the room.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The door will remain closed during nappy changing to ensure the privacy and dignity of the child is always met. A meeting was held on the 6th of May 2025 to update and inform staff.

Supporting documentation submitted

Copy of staff meeting agenda and attendance submitted.

Summary Comment

Following review by the inspector of the stated actions and evidence submitted the non-compliances identified under Regulation 19 (1)(b) have been adequately addressed. The corrective and preventive action will be reviewed on next inspection.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Compliance Information

General Safety:

- The main entrance was found to be secured on arrival preventing unauthorised access or exit from the premises.
- The handle on internal doors in the main building were fitted out of reach of the child, preventing unauthorised exit from the rooms.
- The outdoor area was secured with tall wooden fencing and a bolted gate.
- The staircase was fitted with a non-slip reflective strip to guide children safely up the steps.
- Warm running water was available for hand washing at a temperature below 43°C.
- Waste was inaccessible to the children both indoors and outdoors.
- Storage facilities were inaccessible to children.
- All toys and play equipment both indoors and outdoors were observed to safe for the age group using them, and in good state of repair.

Infection Control:

- The kitchen area was observed to clean and well maintained. Hair nets and gloves were available to inspectors while present.
- Children's hands were observed to washed after nappy changed and toileting.
- Tables were observed to cleaned prior to and after mealtimes, plates and cups were used during the meal.

Safe Sleep:

- The service had a designated sleep room with appropriate cots available to children.
- Sleep checks were observed to occur every ten minutes.
- The Sleep room temperature was recorded at 18.9 °C on the day of inspection, within the acceptable range of 16 to 20°C.
- Cellular blankets were available and in use on the day of inspection.

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

Non-compliance in respect of regulation 23 was found on the previous inspection. The preventative assurances given by the registered provider had not been followed.

General Safety:

1. During the inspection, a child exited the care room and entered the kitchen area. While a staff member promptly intervened to prevent harm, discussions with staff confirmed that such incidents occur regularly. The kitchen must be secure to restrict unsupervised children from accessing to eliminate potential risk of injury.
2. Room temperatures in one of the care rooms were recorded by the inspector throughout the day.
 - 11:11 – 23.4°C
 - 13:17 – 23.5°C
 - 13:40 – 23.6°C
3. There was no evidence present to confirm recording and monitoring of all room temperatures.
4. The sink in the sanitary area of the care room was loose on the wall, posing a risk of injury or harm.
5. A large PVC panel was not secured to the wall in one of the care rooms posing a risk of injury or harm.
6. Child locks on fridges and cabinets were observed to be broken in places. Cleaning products and equipment were stored in a low-level cabinet with a broken child lock.
7. Low hanging wires were accessible to children in various rooms of the service. These posed as a risk to children. It is acknowledged that when brought to the attention of staff preventative action was taken.

Infection Control:

1. Nappy changing units and mats were observed to require thorough cleaning as evident from a build-up of dust and dirt in the corners.
2. Nappy changing procedures observed did not align with best practice guidance. Staff on two occasions were observed to not consistently wear aprons, and handwashing was not routinely carried out between changes.
3. A toilet and sink in the sanitary areas needed repair. Blockages and leaks can pose a risk of illness where the stagnant, dirty water is present.
4. Foot pedal operated bins were provided however it was observed that lids were occasionally opened by hand, and some foot pedals were found to be non-functioning at times. Bins where overflowing were at capacity and required emptying.
5. Mattresses in the sleep room did not have a wipeable and waterproof cover and could not be effectively cleaned posing a risk of cross contamination.
6. Handwashing practices were observed to be inconsistent among staff and children on the day of inspection, at times baby wipes were used in place of warm water and soap; however, baby wipes are not an acceptable method for proper hand hygiene. Hand soap dispensers required refilling in some areas.

Administration of Medication:

7. Medication was observed stored in an unlocked fridge with a syringe applicator left loosely on a shelf. All medicines must be stored securely and hygienically, out of reach of children, to ensure safety and prevent potential harm.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

- (1) The kitchen is secured to restrict unsupervised children from accessing to eliminate potential risk of injury. The kitchen is always secured to restrict unsupervised children from accessing to eliminate potential risk of injury. This item was discussed at a staff meeting held on the 6th of May 2025.
- (2) (3) Rooms are monitored, and the windows and fans are open and turned on or children are taken outdoors. New recording and monitoring records are in each of all care rooms. Rooms are monitored throughout the day and documented. This was discussed at a staff meeting held on the 6th of May 2025.
- (4) The sink in the sanitary area of the care room is fixed. Any broken equipment or damaged premises will be reported to management immediately and taken care of.

- (5) The PVC panel is secured to the wall. Any broken equipment or damaged premises will be reported to management immediately and taken care of.
- (6) Cleaning products were removed during inspection and showed to inspectors. We have since our inspection ensured any hazardous items are only stored in the correct store.
- (7) Wires were all removed and covered up within all care rooms. Any broken equipment or damaged premises will be reported to management immediately and taken care of.

Infection Control:

These following items were noted on the agenda at a staff meeting held on the 6th of May 2025.

1. Nappy changing units and mats were thoroughly cleaned. Nappy changing units and mats are checked to ensure clean and in good working order. We will follow Tulsa guidelines and our policies. We will hold regular management checks to ensure daily risk assessments and cleaning sheets are being completed and any safety issues promptly dealt with.
2. Nappy changing procedures align with best practice guidance. Staff will wear aprons and carry out handwashing between changes. Nappy changing procedures align with best practice guidance. Staff will wear aprons and carry out handwashing between changes.
3. A toilet and sink in the sanitary areas were repaired during the inspection and shown to the inspectors. We have since our inspection ensure all staff are completing their daily indoor room risk assessments to identify and mitigate the risk to children from any hazards observed.
4. Foot pedal operated bins were checked, replaced and all staff change twice daily. We have since our inspection we ensure all staff are completing their daily indoor room risk assessments to identify and mitigate the risk to children from any hazards observed.
5. Mattresses in the sleep room did have mattresses protectors on them and were shown to the inspector on the day. Staff ensure all mattresses have mattresses protectors on them each morning before opening the service
6. All soap dispensers were checked and filled, and staff were reminded to follow our policies. Staff were reminded to follow our policies on hand washing hygiene.

Administration of Medication:

7. All medication is stored in our staff fridge in our staff room or our kitchen out of reach of children. All medication will be stored in our staff fridge in our staff room or our kitchen out of reach of children, to ensure safety and prevent potential harm. We have since our inspection removed any hazardous items

and secured our cupboard in Aragorn room. This item was discussed at a staff meeting held on the 6th of May 2025.

Supporting documentation submitted

General Safety:

- (1) Copy of staff meeting agenda and attendance submitted.
- (2) Room temperature record sheet submitted.
- (3) Room temperature record sheet submitted.
- (4) Photo submitted.
- (5) Photo submitted.
- (6) Photo submitted.
- (7) Photo submitted.

Infection Control:

1. Photo submitted.
2. Copy of staff meeting agenda and attendance submitted.
3. Photo of sink submitted.
4. Photo submitted.
5. Photo submitted.
6. Copy of staff meeting agenda and attendance submitted.

Administration of Medication:

7. Copy of staff meeting agenda and attendance submitted.

Summary Comment

Following review by the inspector of the stated actions and evidence submitted the non-compliances identified under Regulation 23 have been adequately addressed. The corrective and preventive action 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.

Non-Compliance Information

(1) The registered provider did not ensure that a person trained in first aid for children was, at all times, immediately available to the children attending the service.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Training for eight staff members in FAR, first aid response, for children has been organised to take place on the 26th June 2025. Certificates will be forwarded to the early years inspector on receipt, approximately 10 working days after completion of the course.

Supporting documentation submitted

Copy of roster for week 37 was submitted to address the immediate action taken on the 1st of May 2025.

Copy of roster for week 47 was submitted to evidence availability of persons trained in first aid response.

Summary Comment

Following review by the inspector of the stated actions and evidence submitted the non-compliances identified under Regulation 25 have been adequately addressed. The corrective and preventive action will be reviewed on next inspection.

Part VI - Safety

Regulation 26 - Fire safety measures

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

Compliance Information

- (1)
- (b) A record of the number, type, and maintenance of firefighting equipment in the service was on file. Records indicated that the last annual maintenance for the firefighting equipment and the fire detection system was dated in November 2024.
- (3)
- A notice of the procedures to be followed in the event was displayed within the premises.

Non-Compliance Information

- (1)
- (a) It is acknowledged that a procedure for conducting and recording monthly fire drills was in place, however the information recorded was not detailed enough to meet compliance. The last documented fire drill was dated the 8th April 2025.

Corrective & Preventive Action submitted by the Registered Provider

The registered provider has stated the following.

Corrective and Preventive Action

- (1) (a) We have made a new updated Fire Drill.
We will follow Tulsa guidelines and our policies.

Supporting documentation submitted

Copy of updated fire drill form submitted.

Summary Comment

Following review by the inspector of the stated actions and evidence submitted the non-compliances identified under Regulation 26 have been adequately addressed.

Part VI - Safety

Regulation 27 – Supervision

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

Compliance Information

The minimum required ratio of qualified adults to children in attendance was maintained during the inspection, ensuring that every child was under the supervision of a qualified staff member. The staff were observed positioning themselves within sight and sound range of children. The staff sat closely to the children and were observed to supervise them when eating their meals, ensuring help was given when required. The outdoor area was designed to ensure that the children were within sight and sound of the staff.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

A registered provider shall ensure that the premises of the service are-

- (a) of sound and stable structure,*
- (b) safe and secure,*
- (c) kept adequately lit, heated and ventilated*
- (d) cleaned, maintained and repaired, as required, and*
- (e) equipped with adequate and suitable sanitary facilities.*

Compliance Information

- a) The building appeared to be of sound and stable structure. There were no visible defects present externally.
- b) On arrival to the service the door was found to be secure.
There was a keypad and buzzer system present to alert staff to visitors, ensuring that no unauthorised access or unsupervised exit could occur.
- c) The perimeter of the outdoor area consisted metal and wooden fencing.
Windows were large and openable. Natural light and ventilation could be provided naturally.

- e) There were sufficient toilets, nappy changing units and wash hand basins available to the children on the day of inspection.

Non-Compliance Information

- (a)
- There was a strong malodour in the sanitary areas. While windows were present, they were not adequately used. Nappy waste bins were not emptied on a regular basis, and toilet facilities were not consistently maintained.
- (d)
- Walls, doors, and high-touch surfaces require deep cleaning. Repainting and repairs are also necessary to ensure effective sanitation and ongoing maintenance.
 - The premises required cleaning, as evidenced by accumulations of dust in certain parts of the building. It is acknowledged cleaning staff are present for two hours each day.
 - Records pertaining to pest control contracts and checks were not available on the day of inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (a) Our toilet was fixed and shown on the inspection to the inspectors, our staff open our windows, and our bins are changed twice daily.
- (d) The service got a complete deep clean following the inspection. Repainting and repairs were carried out. Our pest control paperwork was in each room and was not checked on inspection.

We will follow Tulsa guidelines and our policies. We will hold regular management checks to ensure daily risk assessments and cleaning sheets are being completed and any safety issues promptly dealt with.

Supporting documentation submitted

- (a) Photographic evidence submitted.
- (d) Evidence of pest control for indoors and outdoors areas submitted.

Summary Comment

Following review by the inspector of the stated actions and evidence submitted the non-compliances identified under Regulation 29(a) and (d) have been adequately addressed.

Early Years Inspectorate Regulatory Report Pre School