

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015DS029
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<b>Name of Service:</b>	Rathfarnham Daycare
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<b>Address of Service:</b>	19-20 Main Street, Rathfarnham, Dublin 14.
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<b>Eircode:</b>	D14 V3H9
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<b>Name of Registered Provider:</b>	Claire Doyle, Tracy Sheridan
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<b>Service type:</b>	Full Day, Part Time, Sessional
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<b>Date of Inspection:</b>	10/06/2025
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<b>No of pre-school children:</b>	AM	206	PM	181
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<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate 2 <sup>nd</sup> Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15   D15 CF9K
<b>Inspection undertaken by:</b>	C. Harte, E Griffin and L.A Webster
<b>Title:</b>	Early Years Inspectors

### Authority to Inspect

The Tusla Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

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

Rathfarnham Day care provides full day care to children aged 0-6 years old, Monday to Friday from 7:30am to 6:00pm. The service is operated by two registered providers. The service participates in the Early Childhood Care Education (ECCE) programme for 38 weeks of the year. There is a registered school age service in operation on the premises.

Rathfarnham Day care has three separate buildings each with their own sanitary facilities for staff and children. There are shared amenities across the three buildings with a main reception in Building 1, a kitchen in Building 2 and outdoor areas attached to each building.

The service is provided across each building as follows.

- Building 1 - There are five ground floor care rooms in this building. These rooms accommodate children aged 2 - 5 years old. The room on the first floor is currently providing accommodation for the school age service only.
- Building 2 - There are six care rooms all on the ground floor. These accommodate children aged 6 – 18 months
- Building 3 - There are five care rooms accommodating to children aged 1 – 2.5 years old.

### Staffing

The registered providers currently employ 59 staff members to work in the service including the person in charge, deputy person in charge 49 early years professionals, 2 domestic staff, 1 caretaker, 2 chefs and 3 administrative staff. The service operates with an overall person in charge and a manager for each of three buildings. On the day of the inspection two unpaid workers were present.

### 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 and safety. The inspection may also focus on other areas as required.

A sampling process was used to assess compliance under Regulation 19 Health, Welfare and Development of child and Regulation 23 Safeguarding Health, Safety and welfare of child. As a result, the scope of the inspection included:

- Building 1: Room 2 and Room 3
- Building 2: Toddler 3 and Toddler 4
- Building 3: Room 1 and Room 3

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 inspectors wish to acknowledge the cooperation of the person in charge, management team, staff and children who were present on the day of the inspection.

### Part III – Management and Staff

#### Regulation 9 – Management and recruitment

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

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

*(2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-*

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,*
- (b) consideration of references from reputable sources in the case of a person who has no past employers,*
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and*
- (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.*

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

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

### Compliance Information

- (1)
- (a) The service had a designated person in charge and a named person to deputise if required.
  - (b) A review of the staff roster and discussion with management demonstrated that a designated person in charge was rostered to be on the premises the week of the inspection for the duration of the opening hours of the service. The person in charge was present in the service when the inspectors arrived.
  - (c) The service had a management structure in place with clear roles and responsibilities.
- (2) The files of 24 adults were reviewed as part of the inspection process which included 3 unpaid workers. A review of records maintained by Tusla demonstrated that Garda vetting disclosures were dated within three years for all adult files reviewed on the last inspection.
- The registered provider had completed the following checks:
- (a) Thirty -three written and validated references were available from past employers.
  - (b) Fifteen written and validated references were available from a source other than a past employer.
  - (c) Garda vetting disclosures had been obtained for 24 adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
  - (d) Police vetting was available for 16 adults who had lived in a country other than Ireland for a period of six months or more as an adult.
- (4) Evidence was available to show that 20 staff members who worked directly with the children held at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework, or a qualification deemed by the Minister to be equivalent.

### Non-Compliance Information

- (2) (d) Police vetting was not available for 1 adult who had lived in a country other than Ireland as adults for a period of more than 6 months.
- (3) A review of available documentation demonstrated that the procedures specified in paragraph (2) were not carried out prior to 6 adults having access to children.

- 5 adults had garda vetting disclosures dated after the persons start date.
- 1 adult had references validated after their start date.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(2)(d) The adult is no longer present in the service. To ensure compliance and consistency, the service will require that all necessary documentation are in place before accepting any adults including work experience. This includes any police vetting that may be required, as is standard for all staff members joining the team.

(3) While the service did delay the start dates for the staff members in question, they acknowledge that clear notes were not recorded in their files.

One staff member's second reference was validated after the start date due to difficulties contacting the referees. This was resolved once the service were able to speak directly with the staff member and confirm the correct contact information.

To ensure compliance, the service have amended the new starter form to clearly show both the proposed start date and the actual start date.

Additionally, to ensure that references are validated in a timely manner and to make process more transparent, the service have developed a new reference-checking form.

### Supporting documentation submitted

- File checklist.
- Email correspondence.
- New starter checklist.
- Reference validation template record.

## Summary Comment

The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances identified under Regulation 9.

### 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.*

#### Compliance Information

- (1) There were 206 preschool children being cared for by 39 adults on the morning of the inspection. The person in charge and building managers were available to assist in the care rooms as required.
- (2) The adult child ratios were correct when the inspectors arrived unannounced to the service and throughout the 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*

#### Compliance Information

(1)(a) The following practices were observed to be in place to support the children attending:

- There was a pleasant atmosphere within the service on the day of inspection and staff were observed to interact with the children in gentle and kind manner.
- During mealtimes children were given ample time to enjoy their meal. Staff praised children's efforts to self-feed and assisted them as necessary. Staff were observed to assist children place on bids, roll up sleeves and adjust chairs at the table to support a comfortable mealtime experience.

- Morning snack on the day of inspection was a selection of fruit including banana and orange; the main meal was a lamb and vegetable stew with mashed potatoes. Staff were observed to react promptly to children's queries for additional food. Children who were sleeping during a snack time were offered their snack after waking. The service operates a three-week menu which was on display.
- Children were given drinks with their meals and following play time outdoors. They were encouraged to drink regularly.
- Staff engaged with children at their level during play and interactions. They modelled the use of manners and labelled items for children repeating words to encourage language development.
- Visual routines were observed displayed in building 2 to support the children to understand their daily routine.
- Each building has its own designated outdoor area. Children accessed the outdoor play areas which included a variety of resources to support fundamental gross motor movement such as push and pull toys and a slide with a climbing frame.
- In rooms where children were sleeping lighting was dimmed and music was played to help create a restful environment.
- Staff demonstrated how a software application was used to share information with parents regarding meals, nappy changes and daily activities. Photos were shared with families of children engaged in different activities through out their day.

### Non-Compliance Information

(1)(a)

#### Basic needs:

1. A child aged over 1 who was observed by a staff member to wake from their sleep remained in a cot room visibly and audibly upset for ten minutes following their sleep. It is acknowledged that when a different staff member entered the cot room, they lifted the upset child. Children's transition from sleep should be responded to in an appropriate and timely manner to reduce potential upset and frustration.

### Physical and material environment:

2. The layout and limited availability of supporting resources in themed areas reduced children's opportunity to engage in extended play opportunities for children in Toddler room 3 in building 2.
  - Areas of imaginative play such as the kitchen area, toy washing machine and work bench did not have sufficient supporting resources available for children to engage in meaningful play.
  - Books were stored in a closed woven basket and were not laid out in an inviting manner to encourage use.
  
3. In Toddler rooms 3 and 4 in building 2 chairs were stacked and unavailable to children outside of mealtimes. Chairs should be accessible throughout the day to support children engaging comfortably in tabletop activities.

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

#### Corrective and Preventive Action

1. All staff have been retrained on service sleep policy. Any staff member covering the sleep rooms has been instructed that if a child is upset or not sleeping, the child must be attended to and lifted in a timely and appropriate manner. The management team will carry out regular spot checks in the sleep rooms and will discuss children's sleep routines during weekly team leader meetings. This will help ensure that all children are supported appropriately and in a timely manner.
  
2. Following the inspection, the management team and the team leader conducted a review of the toddler room 3. A new room layout was implemented, and additional toys were added to enhance the learning and play areas. The book storage was also reorganised to ensure that books are always accessible to the children. Management provides a toy inventory list to each room on a monthly basis. This allows the service to identify when new resources are needed and assess whether the room layout should be updated to reflect the children's evolving needs.
  
3. Immediately after the inspection the stacked chairs were unstacked and placed around the children's tables. Staff were informed not to stack the chairs. The daily room risk assessment has been updated to ensure that all resources are accessible to children throughout the day.

## Supporting documentation submitted

- Safe sleep policy.
- Staff safe sleep procedure sign off.
- Team leader checklist template record.
- Photographs.
- Monthly toy list.
- Risk assessment template record.

## Summary Comment

The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances identified under Regulation 19.

## 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 service entrance was secure when the inspectors arrived. A buzzer ad intercom system was in use. This helps prevent unauthorised persons accessing the service.
- No trailing flexes were observed.
- An ambient room temperature of 18-22°C was maintained in rooms where children over 1 year of age were playing.
- The outdoor areas were observed maintained and free of any stagnant water.
- Radiator covers were observed safely secured to the wall in building 3.

### Infection Control:

- Staff supported children to wash their hands following play in the outdoor area.
- Children had individually labelled beakers.
- In sanitary areas children's creams were individually labelled. Foot pedal bins were present, and soap and hand towels were hygienically dispensed.

- Soft furnishing such as carpets and cushions were observed clean and free of staining.

#### Administration of Medication:

- A care plan was available for a child who had emergency medication.
- Medication was stored in original containers inaccessible to children.

#### Safe Sleep:

- An ambient room temperature of 18-22°C was maintained in rooms where children over 1 year of age were sleeping.

#### Fire Safety:

- Fire evacuation procedures were clearly displayed, and staff were aware of the procedure.
- Fire evacuation routes were observed clear of obstruction.

### Non-Compliance Information

#### General Safety:

1. Chairs were stacked in groups of five in building 2 Toddler room 4 while children were present and playing in the room which posed a potential risk of injury.
2. In building 2 Toddler room 3 a cracked tray with a sharp edge used to store toys was accessible to children and posed a risk of injury.
3. The water temperature of the sink in the care room used for handwashing in building 2 baby room was 47°C and posed a potential risk of injury. It is acknowledged that temperature reduced to 24°C later in the day.
4. A nappy changing unit suitable for up to 12 months in building 1 was observed in use for children aged over the age two which posed a potential safety risk.

#### Infection Control:

5. The nappy changing unit in building 1 had a foam mat with an additional charging mat placed on top. The bottom mat was observed torn with foam exposed this prevented effective cleaning and posed an infection control risk.

- A leaking toilet and an extraction vent with a heavy layer of dust which caused a strong odour in sanitary area of building 1 posed an infection control risk.

### Safe Sleep:

- A timely record of sleeping children was not maintained for two sleeping children under two years old. The sleep check recorded demonstrated checks had not been recorded for the children between 10.30-11.00am. The practice and recording of comprehensive and timely physical sleep checks helps provide for children's safety.
- A child over two years old in building 1 was not provided with suitable facilities for sleep. Staff informed the inspector that a child who was observed asleep on sofa within a care room had been asleep for twenty-five minutes. This is not in line with service policy which advises children over two needing sleep will be provided with an individual sleep mat or child bed.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

#### General Safety:

- Immediately after the inspection the chairs were unstacked and placed around the children's tables. Staff were informed not to stack the chairs. Management have updated the daily room risk assessment to include the chairs.
- Following the inspection the tray was removed. They have updated the daily risk assessment and the team leader's daily risk assessment to include checks on the condition of all storage boxes, with removal when necessary.
- The water temperature gauge in this room was adjusted to a lower setting, and the correct temperature has been maintained. The team leader for the building regularly checks the temperature to ensure it is maintained at the correct level.
- The unit was removed, and a new unit was purchased. When purchasing new large equipment for the building, management will ensure it meets the appropriate age requirements. A new risk assessment form has been implemented to support this process.

### Infection Control:

5. The changing unit and mat have been replaced. Management have updated the daily risk assessment for the changing areas to ensure that changing mats are kept in good condition.
6. When the issue was highlighted by the inspector on the day, on-site maintenance staff promptly cleaned the extraction vent and repaired the leaking toilet. Management have added a section to the daily maintenance checklist to include checks of the toilets and ventilation fans.

### Safe Sleep:

7. All staff have been retrained on the sleep policy, and anyone covering the sleep rooms has been informed of the importance of completing the paperwork in a timely manner. The Management team will complete spot checks in the sleep rooms and paperwork so they can ensure that sleep checks are being maintained.
8. All staff have been retrained on the sleep policy and reminded that if a child falls asleep in the cozy area, the building team leader should be informed so that a bed can be provided for them. Management have added a spot check to the team leader's daily risk assessment to identify if any child requires a bed

### Supporting documentation submitted

#### General Safety:

- Photographs.
- Risk assessment template record.
- Team leader checklist.
- Water heater daily check record.
- Risk assessment for the purchase of large equipment.

### Infection Control:

- Photographs.
- Cleaning checklist for toilets and nappy changing area.
- Daily maintenance checklist.

### Safe Sleep:

- Safe sleep policy.
- Staff safe sleep procedure sign off.
- Sleep monitoring spot check record.

### Summary Comment

The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances identified under Regulation 23.

### 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) A review of the staff roster indicated that a person qualified in First Aid Responder (FAR) was rostered to be on the premises during the operational hours of the service for the week of the inspection.

(2) (a)(b) An adequately equipped first aid box was available and easily accessible to staff if required and was stored out of reach of children.

### 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.*

#### Compliance Information

(1) (a) A record was maintained of all fire drills which occurred in the service. The record showed that fire drills are conducted on a monthly basis. The last fire drill took place on 3<sup>rd</sup> June 2025.

(b) A record of the number, type and maintenance record of firefighting equipment and smoke alarms in the premises was available. The certificates reviewed showed that the firefighting equipment had been serviced in 24<sup>th</sup> October 2024 while the smoke alarms had been serviced on 5<sup>th</sup> June 2025.