

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DS185
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Name of Service:	Kingswood Childcare
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Address of Service:	2 Tynan Hall Park, Kingswood, Tallaght, Dublin 24, Co. Dublin
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Eircode:	D24 X771
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Name of Registered Provider:	Linda Mair
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Service type:	Full Day, Part Time, Sessional
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Date of Inspection:	26/02/2024
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Date 2 of Inspection:	27/02/2024
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Date of Regulatory Compliance Meeting:	13/03/2024
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No of pre-school children:	AM	27	PM	18
Day 2	AM	27	PM	n/a

Address of the Early Years Inspectorate:	The Brunel Building, Heuston South Quarter, St. John's Road West, Dublin 8
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Inspection undertaken by:	R. Brien & S. Quigley
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Title:	Early Years Inspectors
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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

Kingswood Childcare provides full day, part time and sessional care for children from 1 to 6 years of age. The service is registered to operate from 08:00 to 18:00, Monday to Friday. Sessional care is provided from 09:00 to 12:00 and part time care is provided from 08:00 to 13:00.

The service is located on the ground floor of a two-storey house in a residential area of Tallaght, south Dublin. There are three care rooms in the service. The Pre ECCE room caters for children aged 2 to 3. The ECCE 1 room caters for children aged 3 to 4 years and the ECCE 2 room caters for children aged 3 to 5 years of age. There is a fully enclosed outdoor play area to the rear of the premises.

Staffing

The service currently employs 5 staff including a cook. There were 5 staff working directly with the children on the first day of inspection including a student. There were 6 staff working directly with the children on the second day of inspection including a student.

The registered provider does not work directly in the service and was not present during the inspection. The registered provider joined the feedback meeting by phone.

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, information and records and premises and facilities. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under the following regulations:

9 (1)(a)(b),(2),(3),(4) Management and Recruitment,
11(1),(2),(4),(8)(a) Staffing Levels,
16 (i),(k) Record in relation to pre-school service,
19(1)(a)(b) Health, Welfare and Development of Child,
20(1)(b) Facilities for Rest and Play
23 Safeguarding, Health, Safety and Welfare of Child,
24(1) Checking in and out and record of attendance,
26(1)(4) Fire Safety Measures,
29(d) Premises
30 Minimum Space Requirements

However, on inspection additional non-compliance which posed a risk was identified under the following regulations:

8 Notification of change in circumstances,
9(7) Management and Recruitment,
25 First Aid,
27 Supervision
29(c) Premises

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

Two immediate action notices were issued to the registered provider on 27 February 2024 arising from findings on inspection:

1. An immediate action notice was issued for non-compliance with regulation 23 for the following:
 - a. An unsecured looped blind cord was accessible to the children in the Pre ECCE room.
 - b. The kitchen was accessible to the children at times during the inspection.
 - c. The doors from the service leading to a private apartment located upstairs were unlocked at times during the inspection.
 - d. Children sleeping on low beds were unsupervised. Sleep checks were not carried out on two sleeping children at intervals of 10 minutes. Sleep checks carried out were inadequate and there was no record of sleep checks available.
 - e. There were no up to date fire drill records available. Staff stated that fire drills had not taken place so far this year.
 - f. There were no up to date maintenance records for the fire extinguishers.

The registered provider submitted a response on 28 February 2024 which addressed 1.e. above. The registered provider was given a second opportunity to address the remaining points above and submitted a further response on 29 February which was deemed to satisfactorily address 1.b. and 1.f. above.

2. An immediate action notice was issued for non-compliance with regulation 25 as there were no staff available to the children who were trained in First Aid Responder (FAR) training.

The registered provider submitted a response on 28 February 2024 which did not satisfactorily address this finding. The registered provider was given a second opportunity to address this finding and submitted a further response on 29 February which did not satisfactorily address this non-compliance.

A Regulatory Compliance meeting (RCM) was held on 13 March 2024 with the registered provider to discuss repeat and new non-compliance observed on this inspection which posed a risk to children.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the person in charge, staff and children who were present during the inspection.

Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

(1) A registered provider of a pre-school service other than a temporary pre-school service shall, subject to paragraph (3), notify the Agency in writing of any proposed change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2) at least 60 days before it is proposed that the change would take effect.

(3) Where a registered provider has been unable for good and proper reason to notify the Agency within the time specified in paragraph (1) or (2), as the case may be, of a change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2), the registered provider shall notify the Agency in writing of the change as soon as possible thereafter.

Non-Compliance Information

(1)(3)

The registered provider did not notify the Agency in advance of implementing changes to the service's registered details. The person in charge on the service's registered details is the registered provider who was not present on inspection and does not work in the service on a daily basis. On the inspector's arrival, the manager identified themselves as the person in charge.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

A change in circumstances has been submitted which outlines the correct person in charge (PIC) and deputy PIC. A memo was sent to the PIC and deputy PIC which outlines the procedure in place and instructions for the PIC and deputy PIC on how to submit a change of circumstances and the circumstances when Tusla requires one. The memo was sent via email with the Tusla change in circumstances template and copy of the regulation.

Supporting documentation submitted

Written evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address this non-compliance. These actions will be assessed on the next 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*

(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)(a) The manager of the service identified themselves as the person in charge on the inspector's arrival and when asked by inspectors identified another member of staff as the deputy person in charge.

(2) The files of eight adults were reviewed as part of the inspection. This included the student who was present on both days of inspection and the file of the registered provider. Documentation was reviewed in respect of these adults and met regulatory requirements as follows:

(a)(b) Of the sixteen references that were required, eleven were available from a past employer and three were available from a reputable source.

(c) Garda vetting disclosures from the National Vetting Bureau of An Garda Síochána were available for the eight staff members. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(4) Records were available evidencing that five staff members who were employed to work directly with the children held the required qualification or equivalent.

Non-Compliance Information

(1)(b)

During staff lunch breaks, both the person in charge and the person named to deputise were not on the premises for a period of 12 minutes between 12:44 and 12:56.

(2)(a)(b)

There were no references on file for the student who was present during the inspection. This non-compliance was present on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

(2)(d)

It was not possible to determine whether there was a requirement for police vetting for three adults as there was no record of experience on file for these adults.

(3)

The registered provider did not take appropriate measures to ensure that all adults were suitable to work in an early years service prior to their commencement. There was no evidence available to demonstrate that two references in respect of two adults had been validated by the registered provider before staff commenced working in the service.

(7)(a)(b)(c)

The registered provider did not demonstrate that they had taken all reasonable measures to ensure that all employees were appropriately supervised and provided with appropriate information and training to safeguard the health, safety and welfare of children attending the service and to comply with the regulations as follows:

- Contrary to the service's policies on staff training and staff supervision, there was no evidence to demonstrate that staff receive regular training or that staff meetings and staff supervision take place regularly. The manager stated that staff training and staff supervision do not take place. The manager stated that two staff meetings were held in 2023, but there was no written record of these meetings available for review.

- Significant levels of non-compliance were found during the inspection across a number of regulations. The inspectors were not assured that the registered provider, who is named as the designated person in charge, and that the manager of the service had sufficient knowledge of the policies and procedures in place in the service and the regulatory requirements to achieve compliance within the service as follows;
 - The manager, when asked by an inspector if anti-febrile medicine had been administered to children recently, stated that it probably had been, but that there were no records of this.
 - The manager and deputy manager were unaware of safe sleep requirements regarding carrying out and documenting sleep checks.
 - The manager stated that the service had not carried out a fire drill to date in 2024.
 - The manager, who was working in the Pre ECCE room on the first day of inspection, was unable to provide the full names and ages of the children in the room.
 - The manager was unable to provide inspectors with the start dates of staff and stated that the registered provider does not document this information.
- A number of non-compliances had been identified on the previous inspection on 20 February 2023, however it was observed that corrective and preventive actions submitted previously by the registered provider to address these non-compliances had not been effective or had not been implemented.

Further examples of non-compliance where lack of training, information or supervision were identified to pose risk to the quality and safety of care provided to children are reported on under regulations 16, 19, 23, 24, 25, 26, 27, 29.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)(b)

The staff roster has been updated to clearly outline the PIC and deputy PIC. One of these staff members will always be onsite during opening hours, including during lunch times. An email has been sent to the PIC and deputy PIC reminding them that one of them must be always on site. If one is on lunch, then the other one cannot leave for lunch until they return to work.

An email has been sent to the staff responsible for doing the roster outlining the roster requirements and the new template. A procedure has been implemented that the weekly staff roster needs to be approved by the register provider to ensure compliance. A memo has been sent via email to the PIC and deputy PIC. Proof of staff acknowledgement and understanding of this new procedure has been received.

(2)(a)(b)

The student who was present during the inspection is no longer working in the service. Contact has been made with the student to provide the references for verification.

A memo has been sent to PIC/deputy PIC regarding the correct recruitment processes and requirements of staff and students including obtaining and verifying references and CV's. See PIC/deputy PIC memo in evidence document.

(2)(d)

The three CVs have been obtained and filed for the staff members in question. No staff member shall commence employment until all the relevant criteria is available. We have purchased a staff induction checklist book and a telephone reference verification book for this purpose.

(3)

The references for the staff members in question have been validated.

The recruitment policy has been redistributed to the relevant staff along with the memo.

A record book has been purchased to ensure correct vetting of references prior to staff or students commencing work in the service.

A staff induction checklist has been implemented. This has been completed for all staff working in the service and will be completed before any new staff or students commence work in the service.

A comprehensive Recruitment Pack has been purchased from a reputable source to ensure all necessary measures are taken before staff or students commence work in the service.

A recruitment compliance stamp "CV checked for gaps" has been purchased. All staff files have been reviewed and all new staff files will be stamped and signed before they commence work in the service.

A procedure has been implemented that all staff files need to be reviewed and approved by a designated staff member to ensure compliance. A memo has been sent via email to the designated staff member and proof of staff acknowledgement and understanding of this new procedure has been received.

(7)(a)(b)(c)

All staff have been enrolled on relevant training courses in the past and continue to be enrolled for upcoming training. The PIC and Deputy PIC have completed a Preparing for a Tusla Inspection webinar.

Staff training which has been completed prior to inspection is clearly recorded in staff files and in a staff training document.

Records of supervision meetings, inductions, feedback sessions, practice observations and evaluations, probation review meetings are now clearly recorded in staff files and in the staff supervision folder.

Support and supervision meetings have been scheduled and staff have been informed of when these are due to take place.

Regular team meetings have been scheduled and staff have been informed of when these are due to take place. All relevant policies and procedures have been reviewed and redistributed to all staff. Staff have been requested to refamiliarise themselves with the policies and bring any questions or queries to the attention of the PIC. Additional training will be arranged as required.

A meeting has been held with the manager addressing all non-compliances under each regulation. An email has been sent with copies of all policies and procedures mentioned in the report as well as the TUSLA report and a copy of the QRF.

A new training matrix has been implemented which includes all necessary training and the staff names outlining who has completed the training. This will be closely monitored by the PIC to ensure all staff are up to date on their training going forwards.

A staff performance management pack has been purchased from a reputable source and this will be implemented in collaboration with the PIC and Deputy PIC going forward.

Going forward the PIC and Deputy PIC have been informed that spot checks will be carried out by the registered provider to assess their understandings of the services policies and procedures and knowledge of fire drill dates, names and ages of children in the various rooms, start dates of staff and further additional relevant information. Regular spot checks will be carried out by the registered provider to ensure that all corrective and preventative actions are being maintained with a focus on regulations 16, 19, 23, 24, 25, 26, 27, 29.

Going forward we will be engaging with a company to schedule Mock Inspections to independently assess supervision practices and general compliance.

Supporting documentation submitted

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

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.

(4) Subject to paragraph (5), where a registered provider contemporaneously provides-

(a) a sessional pre-school service, and

(b) a full day care service or a part-time day care service, or both, the minimum ratio of adults to children applicable for the duration of the sessional pre-school service in respect of the children attending that service shall be the ratio specified in paragraph (3).

(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

(8)(a) There were two adults on the premises at all times during the inspection.

Non-Compliance Information

(1) The registered provider did not ensure that at all times there were an adequate number of adults working directly with the children. There were no additional staff available to provide assistance in the event of an emergency as all staff were required to work directly in care rooms to maintain ratios. There were no staff available to supervise sleeping children. A staff member who was scheduled to finish work at 13:00 on the first day of inspection, did not leave until 14:00 as they were required to cover a staff lunch and school age childcare collections.

Low staffing levels during the inspection impacted staff's ability to meet the needs of children as described under regulations 19, 23 and 27.

(2)(4) The minimum ratio of adults to children was not maintained in the service at all times as evidenced below:

1. An insufficient number of adults were available to the children attending on a mixed full day care and sessional care basis in the ECCE 2 room from 11:13 to 11:26. There was one adult caring for twelve children aged 3 to 5 years. The minimum ratio of adults to children aged 3 and over for this type of care is 1:11.

During this time, the second staff member assigned to this room was assisting with nappy changes in the Pre ECCE room.

2. An insufficient number of adults were available to the children attending on a full day care basis in the ECCE 2 room from 12:20 to 12:55. There was one adult caring for eight children, five children aged 3 years and three children aged 2 years.

The minimum ratio of adults to children aged 3 and over is 1:8. The minimum ratio of adults to children for the 2 to 3 year age range is 1:6. Two adults were required during this time.

During this time, two staff members were on lunch and there was no other adult available to assist in the room as the other adult present in the service was required to stay in the ECCE 1 room to maintain ratios.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)

A new and detailed staff roster has been implemented. This roster will ensure that an adequate number of adults are working directly with the children, there is staff available to provide cover as required and that staff are always available to supervise sleeping children in line with the correct ratio requirements.

One staff member has agreed to work on Monday's going forward. This will allow for the PIC to provide relief in the relevant care rooms daily.

A memo has been distributed to staff to remind them that they cannot take their lunch break until a staff member has come to relieve them. This ensures that ratio compliance will be met in the care rooms at all times.

An email has been sent to the staff responsible for doing the roster outlining the correct roster requirements and the new template.

Two new staff members have been hired and are currently being Garda vetted. These staff members will be added to the staff roster and begin work as soon as all the necessary documentation is on file, checked and signed off by the deputy PIC.

A procedure has been implemented that the weekly staff roster needs to be approved by the deputy PIC to ensure compliance. A memo has been sent via email to the PIC and deputy PIC. Proof of staff acknowledgement and understanding of this new procedure has been received.

The staff roster will be monitored daily by the PIC and updated as required if there are any staff absences to always ensure the correct ratio compliances.

A new safe sleep policy has been implemented which includes the most recent updates from Tusla. New safe sleep templates have been purchased and its contents implemented in the relevant care rooms. A safe sleep checklist is to be completed by staff prior to children being put to sleep.

Relevant staff have completed a Facilitating Safe Sleep e-Learning course as part and other relevant training.

(2)(4)

A memo has been distributed to staff outlining the correct ratio requirements and communication procedures in place to inform management if a room is over ratio.

Posters outlining the adult:child ratios for the various ages have been printed, laminated and displayed in a clear conspicuous place as a further reminder to staff.

Supervision of children policy has been amended to reflect current practice. Staff are staying in the room at all times when children are asleep. Policies will be reviewed annually to ensure they are up to date with latest practice.

The Absence/Sick Leave Policy has been updated and distributed to staff.

New staff relief cover has been recruited and is currently being garda vetted. The staff will be available to the service once all mandatory documentation and vetting is available prior to commencement of employment.

Spot checks will be carried out by the PIC on the staff sign-in/out record to demonstrate adult-child ratio balance during service operational hours, movement of staff and cover provision in place.

A walkie-talkie system or installed speaker/phone communication systems has been put in place to call for cover as required in a care room.

A sign has been displayed for parents/guardians attention regarding movement of children from one care room to another if required to balance ratio.

Supporting documentation submitted

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

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

- (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.*

Non-Compliance Information

(i) The staff roster was not available to demonstrate the adult's hours of working. There was no documentary evidence of planning for sufficient cover to maintain the required staffing levels at all times. This non-compliance was present on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

(k) A sample of eight accident and incident forms were reviewed. Some of these records were incomplete. Two records were not signed by the parent of the child. Failure to notify parents of an injury to their child may pose a risk to the continuity of care of the child. This non-compliance was present on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (i)
- A new and detailed staff roster has been implemented as outlined above under regulation 11. This includes staffs working hours.
- A procedure has been implemented that the weekly staff roster needs to be approved by the deputy PIC to ensure compliance at all times. The deputy pic will do the roster every Friday and send to the registered provider for approval before it is sent to staff.
- The PIC and Deputy PIC have been informed that spot checks will be regularly carried out by the registered provider to ensure that documentation evidence of planning for sufficient cover to maintain the required staffing levels at all times is available. This is to prevent recurrence of this non-compliance.
- (k)
- All care rooms have been given individual Accident Incident Report Books. A memo has been distributed to staff outlining their responsibility to correctly complete the accident and incident books fully and signed by the parent/guardian in real time. The incomplete accident and incident reports in question have been completed and signed by parents.
- The accident and incident policy has been reviewed and redistributed to staff to refamiliarise themselves with. Going forward regular spot checks will be carried out on the Accident and Incident books by the PIC to ensure compliance with the Accident and Incident Policy.

Supporting documentation submitted

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the 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*
- (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

The service had a healthy eating policy in place and meals were provided at regular intervals. Children had a snack at 10:00. This was provided by the service for children in the Pre ECCE room and children in the ECCE 1 and 2 rooms bring in their own snack from home. Dinner was served at 12:00. All children were given water with their dinner. Staff sat with children during their meal and assisted younger children as required. Children were encouraged to feed themselves. Additional servings of dinner were offered and provided to children who were finished their meal. Children were observed engaging in conversation with their peers and staff during their meal.

Children were encouraged and supported to be independent including using the toilet independently and cleaning up after their play. Children's nappies were changed regularly and staff were observed engaging warmly with children when providing this care. There was a designated nap time for children who required a nap attending the Pre ECCE room.

Staff interacted warmly with the children in their care throughout the inspection. Staff displayed warmth and sensitivity during their interactions with the children and were observed supporting children in their play. Staff were observed to use distraction, gentle tones and praise when promoting positive behaviour in line with the service's positive behaviour management policy.

Care rooms were arranged to provide a range of play materials and areas of interest providing children with the freedom to play and explore. Areas of interest included small world toys, construction toys, jigsaws, home corners, sand play and dress up materials. The care rooms provided a range of developmentally appropriate play experiences for the children and were adequately resourced with a variety of materials. The children's artwork and photos were displayed throughout the care rooms.

The environment was laid out to support the children's independence. Play materials were observed to be accessible to the children on low level shelving. Low level tables and chairs were available in the care rooms.

A fully enclosed outdoor area was located to the rear of the premises and had artificial grass surfacing. A sheltered play area which is directly accessed from the ECCE 1 room was also available to the children.

Non-Compliance Information

1. Drinking water was not readily available to the children in the service throughout the day. It is acknowledged that the children were given water with their snack and dinner. This non-compliance was present on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

2. Staff reported that the children do not regularly access the outdoor play area.

- Staff in the Pre ECCE room stated that the children do not access the outdoor area as it needs to be cleaned.
- Staff in the ECCE 1 room stated that children have accessed the outdoor area once to date in 2024.
- Staff in the ECCE 2 room stated that children have not accessed the outdoor play area since the end of 2023.

Children require fresh air and opportunities to play outdoors every day to ensure their social, cognitive and gross and fine motor developmental needs are met.

- Three parents who arrived to collect their children did not receive a handover from staff. As staff were required to remain in the care rooms to maintain ratios, the cook was required to bring children to the door to facilitate collection by parents.

Providing a handover provides an opportunity for important information about the child's day to be shared including activities, food, care, achievements, concerns and challenges while also fostering collaborative relationships between parents and staff.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- Water stations have been set up in each room which children have access to throughout the day. A memo has been distributed to staff reminding them that in line with the attached healthy eating policy there must be cups and a jug available in each room and children own's beakers labelled and accessible. Signs have been printed, laminated, and displayed on the walls in each of the care rooms as a further reminder to staff to use and refill the water stations daily and as required. All staff have completed e-learning course on Facilitating safe snack and meal-times.
- A memo has been distributed to staff reminding them of the importance of bringing children outside every day in line with the Outdoor Policy. Staff have been requested to notify management should there be any health and safety concerns with the outside area so that they can be addressed immediately. A new outdoor timetable has been created which allocates set outdoor times to each care room daily. This is displayed in each of the care rooms and in a suitable location outside for all staff to easily access. The outdoor policy has been reviewed and distributed to staff to familiarise themselves with. A message has been sent to parents requesting that children have appropriate clothing, reflective of the season, to allow them to play outside. The daily curriculum has been updated to include the planning and facilitation of outdoor activities - the outdoors as extension of the indoor environment. Staff have been booked on Aistear in Action – nature outdoor play webinar. An outdoor play resource pack has been purchased and distributed to staff for them to implement immediately.

3. The new staff roster and additional staff will allow for the PIC to be available to cover while staff do a handover with parents during collection times. A procedure has been implemented that the weekly staff roster needs to be approved by the deputy PIC to ensure compliance at all times, including that staff are available for handover. The deputy pic will do the roster every Friday and send to the registered provider for approval before it is sent to staff. Communication cards with key information about the child's day are handed to parents each day in all care rooms as part of the new handover procedure.

Supporting documentation submitted

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part V - Care of Child in Pre-school Service

Regulation 20 – Facilities for rest and play

(1) Subject to this regulation, a registered provider shall ensure that-

(b) there are adequate and suitable facilities for a pre-school child to rest during the day, and in the case of an overnight pre-school service, during the day and the night.

Compliance Information

(1)(b) The Pre ECCE room was equipped with a cosy area for children to rest as required.

Non-Compliance Information

(1)(b) Children's need for rest was not adequately facilitated within the ECCE 1 and ECCE 2 care rooms. The rest area in ECCE 1 consisted of one child sized bean bag and the rest area in ECCE 2 consisted of a rug on the floor. The rest areas in these rooms required development to meet the needs of children attending. This non-compliance was present on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)(b)

New rest mats have been purchased for all the care rooms. An email has been sent to the staff in ECCE 1 and ECCE 2 addressing Regulation 20 and reminding them of the importance of ensuring the rest area in their care room is adequately facilitated to meet the developmental needs of the children. If additional resources are needed, staff must report to management immediately.

Going forward spot checks will be carried out by the PIC on the rest areas in care rooms, particularly ECCE 1 and ECCE 2, regularly to ensure they are adequately resourced.

Supporting documentation submitted

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the 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

The inspectors found by observation of practice, review of documentation, discussion with staff and inspection of the premises that the registered provider had taken the following steps to safeguard children attending:

General Safety:

- The toys and play equipment observed in use by the children during the inspection appeared in good working order.

Infection Control:

- Liquid soap, warm water and paper towels were available to facilitate hand washing in the sanitary area. Staff were observed to carry out hand washing as appropriate.
- Waste was managed appropriately with the use of pedal bins.
- Children’s nappies were changed in line with the service’s nappy changing policy to reduce the risk of the spread of infection.
- Children’s lunches were stored in the fridge.

Non-Compliance Information

General Safety:

1. An Immediate Action Notice was issued on 27 February 2024 as an unsecured blind cord was observed in the Pre ECCE room posing a risk of injury to children. The registered provider submitted responses on 28 and 29 February 2024 which did not satisfactorily address this non-compliance.
2. An Immediate Action Notice was issued on 27 February 2024 as the kitchen was accessible posing a risk of injury to children. The stair gate leading to the kitchen was observed to be open at various times during the course of the inspection. Children from the ECCE 1, ECCE 2 and one child from the Pre ECCE room were observed accessing the toilet unsupervised through a central hallway, through which, access to the kitchen was also possible. The registered provider submitted a response on 29 February 2024 which was deemed to satisfactorily address this non-compliance.
3. An Immediate Action Notice was issued on 27 February 2024 as two doors which led from the service to a private apartment located upstairs were unlocked. The risk of unauthorised persons gaining access to the premises or of children leaving the service unsupervised was observed.
 - a. A door leading from the ECCE 2 room to the downstairs hallway of the private apartment was unlocked on the morning of the first day of inspection.
 - b. A door leading from the kitchen to the staff toilet was unlocked and the door leading from the staff toilet to the downstairs hallway of the private apartment was open.

The registered provider submitted a response on 29 February 2024 which was deemed to satisfactorily address 3.a. above.

The registered provider submitted a response on 29 February 2024 which did not satisfactorily address 3.b. above.

4. Trailing cables were observed in reach of children in the sheltered play area adjacent to the ECCE 1 room and in the ECCE 2 room posing a risk of injury to children.
5. A large empty plastic bag was observed in the outdoor area which posed a risk of injury to children.
6. A piece of wood on the wooden fence in the outdoor area was broken and splintered and a nail was exposed adjacent to this posing a risk of injury to children. Hazards were identified in the outdoor area on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

Infection Control:

Inspectors observed a number of practices which posed a risk of transmission of infection within the service:

7. The handwashing practices observed were inconsistent and at variance with the policy in place in the service. Children's hands were not washed before the morning snack in the Pre ECCE room. Children's hands were not washed before dinner in the ECCE 1 and ECCE 2 rooms. Younger children who accessed the toilet unsupervised did not wash their hands.
8. In the Pre ECCE room, the children's morning snack was placed directly onto the table which was not cleaned beforehand posing a risk of the spread of infection.
9. The waterproof covering of two of the mattresses used for nap time were torn exposing the foam within and could not be cleaned effectively. It is acknowledged that the manager removed these mattresses from use on the second day of inspection.
10. There was no sheet available for one of the torn mattresses in use by a child in the Pre ECCE room. The waterproof covering of the mattress was torn exposing the foam within. A blanket was placed on the mattress, but did not fit the mattress, as a result the tear and foam were exposed.
11. The laminate layers of one of the sink units, the bottom of one of the cubicle doors, and the bottom of both sides of the cubicle divider in the sanitary accommodation had broken away in places exposing an

unfinished wooden surfacing that could not be effectively cleaned. This non-compliance was observed on the last inspection on 20 February 2023. The corrective and preventive actions submitted by the registered provider did not prevent recurrence of this non-compliance.

12. Paper towel for hand drying was not stored in the dispensers in the care rooms. Staff members were observed tearing pieces off the roll for the children and handing it to them posing a risk of cross contamination.
13. The plastic covering behind the sink in the Pre ECCE room was peeling away from the wall and this area could not be cleaned effectively.
14. A mop and bucket with stagnant water inside were observed in the hallway between the sanitary area and the Pre ECCE room which posed a risk of the spread of bacteria.

Administration of Medication:

15. There were no new records of administration of medication completed since the last inspection on 20 February 2023. The manager stated that anti-biotic medication had not been administered, but that anti-febrile medication may have been administered but that this was not recorded.

A staff member confirmed that anti-febrile medication had been given to a child two weeks ago and that this was not recorded.

This is contrary to the service's administration of medication policy which states that all details of medicine administration must be recorded and signed by parents. Failure to record the administration of medication poses a risk to the continuity of care of children.

Safe Sleep:

16. An Immediate Action Notice was issued on 27 February 2024 as procedures and practices in place in relation to safe sleep for children attending the Pre ECCE room were inadequate and contrary to the service's policy on safe sleep posing a potential risk to the health and safety of children. The registered provider submitted responses on 28 and 29 February 2024 which did not satisfactorily address this non-compliance.

Practices observed on inspection were as follows;

- a. From 12:44 to 13:42 two children, aged 2 and 3 years respectively, were observed sleeping on mattresses in the Pre ECCE room unsupervised.

- b. An adequate sleep check was not carried out on these children for a period of 41 minutes when a staff member entered the room and checked each child individually at 13:25.
- c. Sleep checks carried out at 13:02, 13:09, 13:14 and 13:30 were not sufficient. Individual, physical sleep checks were not carried out, staff were observed checking children through the glass door of the care room. The cook was observed to carry out one of these sleep checks at 13:09 when asked to do so by a member of staff. During this time the staff member could not leave the care room they were in as they were on their own with children and there was no one available to provide assistance.
- d. Staff were unaware of safe sleep requirements regarding carrying out and documenting sleep checks. Staff stated that they do not document sleep checks and there were no sleep check records available to view.
- e. During the periods of 12:44 to 12:56, from 13:05 to 13:14, and from 13:30 to 13:37 there were no adults available to check the two sleeping children in the Pre ECCE room as two staff were on lunch and the other two staff were required to stay in the ECCE 1 and ECCE 2 rooms to supervise children.

Fire Safety:

17. An Immediate Action Notice was issued on 27 February 2024 as procedures and practices in place in relation to fire safety were inadequate and contrary to the service's policy on fire safety posing a potential risk to the health and safety of children. The registered provider submitted responses on 28 and 29 February 2024 which were deemed to satisfactorily address these non-compliances.

Practices observed on inspection were as follows;

- a. There was no recent record of fire drills. The most recent record of a fire drill was dated 15 December 2022. Staff stated that they do not carry out fire drills monthly.
- b. Maintenance of the fire fighting equipment had last taken place on 04 November 2022.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

A memo has been distributed to staff addressing non-compliances under regulation 23. Staff have been asked to refamiliarise themselves with the relevant policies and to remove risks and report to management immediately. Daily checks will be carried out by the PIC, including those identified as non-compliances under regulation 23 are being met and maintained. New management morning checklist implemented.

1. Blind cord was fixed and is now properly secured. A daily risk checklist has been implemented which must be completed by staff daily prior to children accessing the room.
2. An extra gate has been put up at the entrance to the kitchen. Clear and conspicuous signs have been printed, laminated and displayed near the gates as a further reminder to staff to keep them closed after entry/exit.
3.
 - a. A keypad has been put on the door from ECCE 2 room. This door leads to hallway then there is another door that leads to bottom of the stairs. Clear and conspicuous signs have been printed, laminated and put on all doors leading to the upstairs apartment as a further reminder to staff, tenants, and any visitors.
 - b. A memo has been distributed to staff reminding them of the importance of keeping the relevant doors and gates closed/locked properly. Disciplinary action may be taken against any staff found to be leaving these doors open or unlocked. Clear and conspicuous signs have been printed, laminated and put on the kitchen door and door that leads to the hallways as a further reminder to staff.
4. The trailing wires and cables in the sheltered play area adjacent to the ECCE 1 room and in the ECCE 2 room have been secured. A daily risk checklist has been implemented which must be completed by staff daily prior to children accessing the room.

5. The empty plastic bag has been removed from the outdoor area. See photos of outdoor area in evidence document. An outdoor checklist has been implemented. Staff must assess the outdoor area and complete the risk assessment daily prior to children going outside.
6. The wooden fence in the outdoor area has been fixed to prevent splinters and to remove the exposed nail. An outdoor checklist has been implemented. Staff must assess the outdoor area and complete the risk assessment daily prior to children going outside.

Infection Control:

7. A memo has been distributed to staff reminding them of the importance of consistent handwashing procedures in line with the infection control policy. This includes before snack and mealtimes and after the toilet. The infection control policy has been reviewed and redistributed to staff to refamiliarise themselves with. Handwashing signs have been printed, laminated and displayed in the care rooms as a further reminder to staff.
Staff have completed e-learning training on Facilitating safe snack and mealtimes which covered the importance of the hand washing procedure.
8. All snacks are now served on plates. A sign is now displayed in the ecce room outlining that plates are to be used when serving food. Snacks to be served on plates and cook has been asked to give staff a five minute warning before bringing food so tables can be cleaned and hands washed.
9. The mattresses in question have been disposed of, and new floor beds were purchased. A sleep room checklist has been implemented which includes checking for waterproof covers on mattresses, removing and reporting any broken ones so replacements can be arranged immediately. The safe sleep policy has been updated and redistributed to staff to refamiliarise themselves with.
10. Extra sheets have been purchased. Staff in the pre ECCE room have completed e-learning training on facilitating safe sleep.
11. New doors have been put on the units in the sanitary area and a new trim has been put on the doors of cubicles. A trim will also be put on the new doors in the sanitary area to prevent this happening again.

12. Staff have their own supply of paper towels in their rooms so they do not need to rely on someone else to get it for them or fill units for them if they run out during the day.
13. The tile backing paper that was ripped in the sink area during the inspection has been repaired, and a new one has been put on to ensure it can be cleaned and disinfected.
14. Mop buckets are now being stored in the hallway outside staff bathrooms where children have no access to. An email has been sent to staff remind them that mops are not to be left lying around rooms or hallways

Administration of Medication:

15. A memo has been distributed to staff reminding them of their obligation to record, in real-time the administration of medication and have it signed by parents/caregivers. Administration of medication books are available and clearly located in the service for staff to easily access as required. All staff have completed a safe administration of medicine course. The administration of medicine policy has been reviewed and redistributed to staff to refamiliarise themselves with. The PIC will carry out regular spot checks on the administration of medication books.

Safe Sleep:

16. A memo has been distributed to staff reminding them of their obligation to supervise sleeping children, carry out the correct physical sleep checks every 10 minutes and understand the safe sleep policy and procedures. The staff roster has been updated to ensure it meets ratio compliance in all rooms, including the supervision of sleeping children. A new safe sleep policy has been implemented which includes the most recent updates from Tusla. A safe sleep pack has been purchased and its contents including carrying out and documenting physical sleep checks will implemented in the relevant care rooms. A safe sleep checklist is to be completed by staff prior to children being put to sleep. Relevant staff have completed a Facilitating Safe Sleep e-Learning course and other relevant training.

Fire Safety:

17.
 - a. A memo has been distributed to staff reminding them of the fire safety measures and protocols (including retention of records). Monthly fire drills will take place in line with the fire safety policy.

The appointed fire officer and will be responsible for making sure the fire drills are done monthly and recorded accurately and in real time.

- b. Maintenance on the firefighting equipment has been carried out. The fire safety policy has been updated and redistributed to staff to familiarise themselves with. Staff will be completing fire safety training. The staff roster clearly outlines who the appointed fire safety officer is.

Supporting documentation submitted

General Safety:

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Infection Control:

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Administration of Medication:

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Safe Sleep:

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Fire Safety:

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part VI - Safety

Regulation 24 - Checking in and out and record of attendance

(1) A registered provider shall ensure that each pre-school child attending the service is checked in and out of the service by an employee or an unpaid worker.

(3) A registered provider shall ensure that-

(a) no person other than-

(i) pre-school child attending the service,

(ii) a person dropping or collecting such a child,

(iii) an employee, or

(iv) an unpaid worker, can enter the premises without his or her entry being approved by an employee, and

(b) a daily record in writing is kept of the entry on the premises of any such person.

Non-Compliance Information

(1)

Details of the attendance of each child in the Pre ECCE room were not recorded at the time of entering the service.

Two children who were present in the ECCE 1 room at 10:34 were not signed in on the attendance record. Staff stated that these children had been in the service since 08:05 and 08:40 respectively. One of these children attends the Pre ECCE room, but there was no record of their presence in the ECCE 1 room.

This posed a risk to the safe evacuation of children in the event of a fire. This non-compliance was present on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

(3)(a)(b)

There was no record maintained in writing in the service of any person other than those detailed above under Regulation (3)(a)(i) to (iv) who entered the service. The inspectors were not recorded on arrival to the service and previous records of any persons who entered the service were not available.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)

A memo has been distributed to staff reminding them of the importance of filling in the register correctly and in real-time. Staff have been made aware that if a child moves room they need to be recorded in that room. Signs have been displayed in care rooms as a further reminder to sign children in and out in real time. The attendance recording policy has been updated and redistributed to staff to familiarise themselves with.

(3)(a)(b)

A visitor book has been purchased and is clearly visible on entry to the service. A memo has been distributed to staff reminding them that any visitors to the service must sign in and out using the visitor book. A memo has been distributed to the PIC requesting that they carry out spot checks on the sign-in/out books and visitor books regularly.

Supporting documentation submitted

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part VI - Safety

Regulation 25 - First aid

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

Non-Compliance Information

(1)
An Immediate Action Notice was issued on 27 February 2024 as a person trained in first aid was not immediately available to the children. The registered provider submitted responses on 28 and 29 February 2024 which did not satisfactorily address this non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)
Staff completed FAR training between 25th and 27th March. The new staff roster clearly outlines that there is a FAR staff member on site and the staff member's name. A new training matrix has been implemented which includes all necessary training and the staff names outlining who has completed the training. This will be closely monitored by the PIC to ensure all staff are up to date on their training going forwards

Supporting documentation submitted

Written and photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part VI - Safety

Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-
- (b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.

Compliance Information

(1)(b) The number, type and maintenance record of the smoke alarms on the premises was available. The maintenance records for the smoke alarms were dated 03 March 2023.

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

- The supervision of children in the Pre ECCE room was inadequate and posed a risk to the safety and wellbeing of the children in attendance.
Two children, aged 2 and 3 years respectively, who were sleeping on low level beds were unsupervised and alone in the Pre ECCE room from 12:44 to 13:42 contrary to the service's policy on safe sleep. Inadequate staffing levels during the inspection meant that there were no adults available to supervise the sleeping children.
- While two children from the Pre ECCE room were sleeping, the remaining four children from this group were in the ECCE 2 room. There were no adults available to assist children aged 2 years to access the toilet down the hallway during this time as staff were alone with the children in the ECCE 1 and 2 rooms. During this time, a child aged 2 years was observed accessing the bathroom alone and unsupervised and did not handwash.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

A memo has been distributed to staff outlining the correct ratio requirements, including supervising sleeping children and children accessing the bathroom. The staff roster has been updated to ensure it meets ratio compliance in all rooms, including the supervision of sleeping children

Two new staff members have been hired and are currently being Garda vetted. These staff members will be added to the staff roster and begin work as soon as all the necessary documentation is on file, checked and signed off by the deputy PIC.

A procedure has been implemented that the weekly staff roster needs to be approved by the deputy PIC to ensure compliance. The deputy pic will do the roster every Friday and send to the registered provider for approval before it is sent to staff. A memo has been sent via email to the PIC and deputy PIC. Proof of staff acknowledgement and understanding of this new procedure has been received.

The staff roster will be monitored daily by the PIC and updated as required if there are any staff absences to always ensure the correct ratio compliances. The supervision of children policy has been updated to reflect the fact that a staff member is staying in the room while children are asleep. Policies will be reviewed by registered provider yearly.

Supporting documentation submitted

Written evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

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

- (c) kept adequately lit, heated and ventilated*
- (d) cleaned, maintained and repaired, as required, and*

Non-Compliance Information

(c) The service was not adequately lit and heated as detailed below:

1. The room temperature in the ECCE 2 room and the sanitary area was below the minimum requirement of 18-22°C. The temperature in the ECCE 2 room was 16.5°C at 13:34. Children were wearing light tops and jumpers and staff members were overheard commenting on how cold it was at the time. The temperature in the sanitary area was 17.3°C at 13:36.

2. There was no shatterproof cover on the light fitting in the sanitary area.
3. There were three light bulbs missing from the two light fittings in the Pre ECCE room and there were no shatterproof covers on the fittings.

(d) Areas of the service were observed to be soiled and stained and required a deep clean as follows;

1. The nappy changing unit and the nappy changing mat in the sanitary accommodation were observed to have a build-up of dirt on the surfaces and in the crevices. This non-compliance was observed on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.
2. The walls in the ECCE 2 room and the doors throughout the service were stained and soiled in places and required cleaning and repainting. This non-compliance was observed on the last inspection on 20 February 2023. The corrective and preventive actions as stated by the registered provider did not prevent recurrence of this non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (c)
1. Thermometers have been placed in all rooms including the sanitary area. A memo has been distributed to staff outlining the importance of monitoring the room temperature, taking the correct actions to ensure it is within the correct temperature range and ensuring children are dressed appropriately.
 2. & 3. New lights and lightbulbs have been fitted in the sanitation area and pre ECCE room which are shatterproof.
- (d)
1. A new nappy changing unit has been cleaned and a new mat has been purchased.
 2. The walls and doors in ECCE 2 have been thoroughly cleaned and repainting has been arranged.

The daily care room checklist and sanitation area check list includes monitoring and recording the correct temperature ranges and ensure the spaces are adequately cleaned. The infection control policy has been updated and distributed to staff. A Mock Inspection has been requested from a private company to independently assess general compliance.

Supporting documentation submitted

Photographic evidence was presented to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part VII - Premises and Space Requirements

Regulation 30 - Minimum space requirements

(1) Subject to paragraphs (2) to (6), a registered provider shall ensure that adequate clear floor space is available in the premises for the work, play and movement of children attending the pre-school service.

(2) A registered provider of a full day care service or a part-time day care service shall ensure that the minimum amount of clear floor space specified in column (3) of Schedule 7 opposite a particular reference number specified in column (1) of that Schedule in respect of the age range of children specified in column (2) thereof at that reference number is available for each child in that age range attending the service.

(4) Where a registered provider contemporaneously provides-

(a) a sessional pre-school service, and

(b) a full day care service or a part-time day care service, or both,

the minimum clear floor space applicable for the duration of the sessional preschool service in respect of the children attending that service shall be the floor space specified in paragraph (3).

Compliance Information

(1)(2)(4) Adequate clear floor space was available for the work, play and movement of children as demonstrated below:

Room Name	Clear Floor Space
Pre ECCE	17.36m ²
ECCE 1	19.48m ²
ECCE 2	26.77m ²