

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier: TU2015DY017

Name of Service: Ballymun East Community Centre

Address of Service: Woodhazel Close, Ballymun, Dublin 9

Eircode: D09 N9K4

Name of Registered Provider: Deborah Cooper

Service type: Full Day, Part Time, Sessional

Date of Inspection: 16/06/2025

No of pre-school children:	AM	50	PM	17
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Address of the Early Years Inspectorate: Early Years Inspectorate Area 1
2nd Floor, Unit 4/5
The Nexus Building
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 | D15 CF9K

Inspection undertaken by: T. Nelson and C. Harte

Title: Early Years Inspectors

Authority to Inspect

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

Conditions if applicable Not applicable

Description of service

Ballymun East Community Centre was established in this location in 2000 as a community based childcare service. The service is registered to provide sessional, part time and full day care and education to a maximum of 111 children aged from 0 to 6 years and participates in the Early Childhood Care and Education (ECCE) scheme which is delivered from 9.00am to 12.00 noon. Opening times are from 9am to 5pm daily.

There are five care rooms currently in operation which are spread over two floors. The Turtle Room (6 to 18 months old) and Little Wonders (18 months to 2 years and 6 months old), a kitchen and an office are on the ground floor and Tara Tots (2 to 3 years), Jumping Jacks (2.5 to 3.5 years) and the Rainbow Room (3 to 5 years) are on the first floor. The service provides afterschool care in the afternoons. There is sanitary accommodation located off each of the rooms, and sleeping facilities located off the Turtle Room, Little Wonders and Tara Tots. The outdoor play areas are located at the front and the side of the premises.

Staffing

There are currently 35 staff employed by the centre including the registered provider who manages the oversight of the service. Two deputy managers assist in managing the oversight of the service and are available where needed to provide cover across the rooms. There are 12 staff who work directly with the children, a caretaker, a cook and an administration worker.

There are also 16 adults employed under the Community Employment (CE) programme including seven childcare workers, four cleaning staff, four kitchen staff and a caretaker. These are managed by the CE supervisor who is based on site.

There were 29 adults on the premises throughout the day of the inspection, including the registered provider, the two deputy managers, 11 childcare staff, the caretaker, and an administration worker. The CE Supervisor and 12 CE workers including six CE childcare staff were also 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 16(1)(h)(j)(k) – Record in relation to Preschool Service, Regulation 19 (1)(a) 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 the Turtle, Little Wonders, Tara Tota and Jumping Jacks rooms and did not include the Rainbow Room.

Inspection findings are documented in the inspection report which is first issued in draft format to the service with an opportunity to respond to any findings. Where statutory requirements are identified as not being met, the registered provider must demonstrate how they have rectified the non-compliance and will prevent any non-compliance from re occurring. The Corrective Action and Preventive Action plan (CAPA) will be used to inform decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements an escalation process may be commenced.

The inspectorate reserves the right to edit responses received for reasons including clarity, completeness and compliance with administrative and legal processes.

The contents of the report are compiled by the inspectorate body.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, 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-

- (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

(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.
- (c) these Regulations.

Compliance Information

(1) (a) The service had a designated person in charge and two named persons to deputise as required.

(b) A review of the roster showed either the person in charge or the deputy person in charge were rostered to be present during the operational hours of the service.

(c) There was a clear management structure in place. There was a management team in place and each room had a designated room leader.

(2) Following a review of the roster and conversation with management, it was established there were no staff new to the service since the last inspection held on the 27 November 2024 when all staff files were reviewed. Two Garda vetting disclosures which our records showed had expired since the last inspection were reviewed as part of the inspection

- (c) Garda Vetting disclosures were available for the two staff members. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(7) A review of documentation and discussion with management indicate that all staff working directly with the children in the service had:

- (a) been provided with appropriate supervision and information and had received training on the policies and procedures in the service required under Schedule 5. A review of documentation from team meetings indicated various policies were shared with staff.
- (c) been provided with appropriate supervision, information and training on topics including infection control, curriculum, child led play and healthy eating. Management staff reported that they provide mentoring to staff on how to implement policy and practice.

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.

(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).*

Compliance Information

The registered provider ensured the following:

- (1) On the day of inspection there were an adequate number of adults available to the children attending the service to meet their care needs.
 - There were 15 childcare staff available to 50 children present on the morning of the inspection.
 - There were four childcare staff available to 17 children present on the afternoon of the inspection.
- (4) The adult to child ratios were maintained correctly throughout the inspection. For example:
 - Additional staff and the two-management staff were available to provide cover for breaks.
 - Staff were aware of the required ratios for the age range of children in the rooms and this was recorded on the attendance logs in the care rooms.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

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

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

Compliance Information

(1) The registered provider ensured the following:

- (h) Attendance records detailing the daily arrival and departure of the children were maintained. However, these were not maintained in a contemporaneous manner. Please refer to the information outlined under regulation 23 of this report.
- (i) A record was maintained of the staff roster which was reflective of the staff present on the day.

Non-Compliance Information

(1) The registered provider did not ensure the following:

- (j) A full record in writing with signed parental consent for the administration of medication was not maintained, as evidenced by documentation. For Example, from a sample of 20 records reviewed:
 - Ten records did not have the child’s date of birth.
 - One record did not indicate the administration of the medication was witnessed by a second staff member.
 - Four records did not have a parent’s signature acknowledging they had been informed of the administration of the medication.

A full record with the child’s full name and date of birth, details of two staff who administer the medication, and an acknowledgment of the administration by the parent must be maintained to accurately account for safe administration practice and prevent miscommunication on the administration of medication.

- (k) A full record in writing for accident and incidents was not maintained, as evidenced by documentation. This was not in line with the service policy on Accidents and Incidents which stated

that all forms must be completed in full, with as much detail as possible. For Example, from a sample of 20 records reviewed:

- Thirteen records did not have a date indicating when the parent was informed of the incident.
- One record did not have a signature of a parent indicating they had been informed of the incident.,
- Ten records did not record the child’s date of birth.
- Two records did not detail the child’s surname.
- Five records did not detail when the staff were completing the record.

A full record in writing with all relevant information and an acknowledgment of when the parents had been informed must be maintained for any incident in the service to ensure parents are aware of potential injuries or risks to a child’s health.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (j) Staff were reminded to witness and sign the medication book, all children’s correct details will be recorded, and parents’ signatures must be recorded. Policy information and briefing was given to all staff. Spot check will be carried out.
- (k) The accident and incident policy and information briefing was shared with staff to ensure all relevant details are recorded. Spot checks will be completed to ensure these requirements are being met.

Supporting documentation submitted

- (j) Staff sign off on guidelines of medication policy.
- (k) Staff sign off on guidelines of accident and incident policy.

Summary Comment

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

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.

Compliance Information

(1) (a) The registered provider ensured the following was in place to support children's learning, development and wellbeing:

Basic Needs:

- Children were provided with regular meals throughout the day with all meals provided by the service and prepared in the onsite kitchen. Staff reported and documentary evidence was available to show children are given a snack at 10.00am, at hot meal between 11.30 am and 12.00pm and a hot meal at 1.30pm. Alternative meals were prepared to facilitate alternative diets and preferences. Children were observed to be offered healthy alternatives for their hot meal such as mashed potato with gravy, carrots and fish fingers, and additional portions were available.
- The mealtime was observed to be a sociable experience for the children, where the staff sat with the children and engaged in conversation. Drinks of water were available in the care rooms throughout the day.
- Nappy changing and toileting were observed to be regular, with respectful interactions observed from staff, in particular when a child who was toilet training was sensitively responded to following a toilet accident.
- All children were observed to access outdoor play on the day of the inspection, where their clothing was removed for comfort on the warm day, and sun cream was applied.

Supporting Relationships:

- Staff engaged with the children in a warm, sensitive, responsive manner. Staff were observed to be familiar with the children such as their interests and preferences.
- Information on the children's day was recorded including details of the child's food intake, and this was shared on a daily basis with parents.

Physical and Material Environment:

- There were two outdoor play areas available, with equipment suitable for the age range of the children. Access to outdoor play was scheduled to ensure all children have daily access on at least one occasion in the day.
- The furniture and equipment in the care rooms was suitable for the age and stage of the children attending.
- Images of the children and their families were visible throughout the rooms, promoting a sense of belonging.
- Labelling using imagery was used to indicate where things belong.

Programme of Learning:

- Activities were observed to be led by the interests of the children, with adults supporting children in the activities.
- A daily routine was displayed, and this was observed in practice on the day. The staff and children were familiar with the routine.
- Children had the freedom to move around their care rooms and engage in activities of their choice, promoting independent decision making.
- There was documentary evidence of a plan for children's learning,

Non-Compliance Information

(1)(a)

Physical and material environment:

1. Although it is acknowledged the Jumping Jacks room was sectioned off into defined areas of interest, the role play area containing the shop, playhouse and kitchen had a limited supply of linked resources available directly adjacent to the play area. Limited props or not having them placed directly adjacent to play equipment can restrict a child's ability to extend the play experience and engage at the level of play engagement required to facilitate learning.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The service has reviewed the environment and purchased additional props and equipment which is now accessible in the role play area. Staff were reminded to ensure they let management know if toys are broken or need to be repaired or if children are showing different interests that they can be accommodated.

Supporting documentation submitted

Photographic evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 19 has been adequately addressed.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Compliance Information

The following measures were observed to safeguard children:

General Safety:

- The door to the premises was secured on arrival to the service and entry was managed by an electronic door release system, monitored by staff via a closed-circuit camera system. This restricted unauthorised persons from gaining access to the premises and prevented children from exiting the service unsupervised.
- Indoor and outdoor storage areas were secured.
- Cleaning products were stored up high out of reach of children.
- Children were observed to be adequately supervised on the transition to outdoor play, with staff bringing a first aid box, attendance log and accident and incident book to the outdoor area.
- Padding was fitted effectively to the walls in the outdoor play area used by the younger children.

Infection Control:

- Children's soothers were stored in individual, lidded labelled containers.
- Nappy changing mats were observed to be in good condition.
- Windows were open in the care rooms, providing adequate ventilation.
- Suitable mattress covers or wipeable mattresses were available on all cots.

Administration of Medication:

- Documented, detailed care plans were available for children on ongoing medication, and staff reported being aware of the procedures.

Safe Sleep:

- A log was maintained where the temperature of the room and the colour, breathing and position of sleeping children was checked every ten minutes.
- Children's cots were observed to be positioned with sufficient space between them.

Fire Safety:

- Emergency exits were unobstructed.

Non-Compliance Information

General Safety:

1. A trailing flex from the air cooler system posed a trip risk for the children in Jumping Jacks room. This was identified as a non-compliance on the previous inspection held on the 27 November 2024 and actions put in place failed to prevent a recurrence.
2. The water temperature in the wash hand basin used by the children in the Turtle room exceeded the recommended temperature of 43°C. A temperature of 43.8°C was recorded by the inspector at 11.09am. This posed a potential scald risk to the children.
3. Sun creams were not individually labelled in one of the upstairs care rooms. This posed a potential risk of skin irritation if a cream was wrongly administered to a child.

Infection Control:

The following increased the potential risk of infection:

4. There was stagnant rainwater in a blow-up ball pool along the walk route to the outdoor play area. There was a risk children could access this. Stagnant water can harbour bacteria which can be harmful to children.
5. The following was observed which limited effective hygiene practice:
 - No hand washing was completed before dinner in an upstairs care room.
 - There was no soap adjacent to the sink in a ground floor nappy change room.
6. The sofas used by the children in the upstairs care rooms were damaged and torn, leaving a surface that could not be effectively cleaned.
7. The following was damaged in Jumping Jacks, leaving surfaces that potentially harboured dirt and bacteria:
 - The laminate was damaged on the door to a cubicle in the sanitary area.
 - The flooring was damaged by the threshold of the doorway to the sanitary area.

8. There was no lidded bin accessible for the use of children in the sanitary area of an upstairs care room. This was identified as a non-compliance on the previous inspection held on the 27 November 2024 and actions put in place failed to prevent a recurrence

Administration of Medication:

9. Out of date medication was found to be stored in the medication box. This was not in line with the service policy on the storage of medication and can reduce the safe effective administration of the medication.

Fire Safety:

10. The details of the attendance of the children in a care room was not accurately recorded in the attendance book. Eight children were recorded as present when there was nine in attendance in the room. The child was not recorded as present in any of the other care rooms. Contemporaneous accurate attendance logs must be maintained to support the safe evacuation of children in an emergency. This was identified as a non-compliance on the previous inspection held on the 27 November 2024 and actions put in place failed to prevent a recurrence.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The cable was secured to the wall and will be checked by maintenance. A risk assessment was developed to check for hazards.
2. The thermostat was reduced to less than 43°C. A checklist was developed to record the temperature of the water daily to ensure it meets the recommended temperature.
3. All suncreams are now clearly labelled. The sunscreen policy was shared, and staff have signed and understand what is required.

Infection Control:

4. The pool was removed on the day of the inspection. This had been placed there in error as it was due to be disposed of that day.
5. The hand hygiene policy was reviewed; the service ensure hand hygiene procedures will be followed. Staff have been advised that if any equipment is running low to advise management to replace it. The cleaners now have a checklist to go through the stock in the rooms and ensure there is an adequate supply of soap etc.
6. The sofa was removed from the room and disposed of. All other sofas were checked for wear and tear.

7. The laminate on the door and the flooring was repaired and the surface is now wipeable.
8. There is now an appropriate bin available in the sanitary area. Cleaning staff will check to ensure suitable bins are available.

Administration of Medication:

9. The medication policy and information briefing on the storage of medication was shared with staff to ensure medication is stored correctly. Spot checks will be completed to ensure these requirements are being met.

Fire Safety:

10. Management have reviewed the Attendance policy with the staff explaining the implications for fire safety. Staff have reviewed the policy and procedures and will ensure requirements are met. Management will complete spot checks.

Supporting documentation submitted

General Safety:

1. Photographic evidence and risk assessment.
2. Photographic evidence and checklist.
3. Photographic evidence. Staff sign off on policy.

Infection Control:

4. No evidence submitted.
5. Staff sign off on policy, cleaner's checklist.
6. No evidence submitted.
7. Photographic evidence.
8. Photographic evidence, cleaner's checklist.

Administration of Medication:

9. Staff sign off on medication policy.

Fire Safety:

10. Staff sign off on attendance policy.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 23 has been addressed.

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

The registered provider ensured:

(1) Evidence was presented that a person trained in First Aid Responder training was always available to the children attending the pre-school.

(2) The first aid boxes were:

(a) Suitably equipped and stored in each of the care rooms and in the kitchen. Staff were aware of where the box was stored, and this was visible to the staff in the care room.

(b) Stored in manner where it was always accessible and available.

Part VI - Safety

Regulation 28 - Insurance

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

Compliance Information

There was documentary evidence available which showed the service was insured for the class of service and number of children it was registered to provide care for, with an expiry date of 27 October 2026.

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