

# Early Years Inspectorate Regulatory Report

## Pre School

**TUSLA Identifier:** TU2015DY065

**Name of Service:** Early Journeys

**Address of Service:** 78 The Park, Beaumont Woods, Dublin 9.

**Eircode:** D09 NX51

**Name of Registered Provider:** Rita Keszei

**Service type:** Full Day, Part Time, Sessional

**Date 1 of Inspection:** 18/06/2025

**Date 2 of Inspection:** 19/06/2025

<b>No of pre-school children:</b>	AM	57	PM	55
<b>Day 2</b>	AM	58	PM	50

**Address of the Early Years Inspectorate:** Early Years Inspectorate  
2<sup>nd</sup> Floor, Unit 4/5  
The Nexus Building  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 | D15 CF9K

**Inspection undertaken by:** C. Harte and T. Nelson

**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

Early Journeys is one of two services privately owned and operated by the registered provider. The service operates from 7.30am to 6pm daily offering full day-care, part-time and sessional childcare to children aged from birth to 6 years. During the school year the service participates in the Early Childhood Care and Education (ECCE) scheme. The service is located in a two-storey building in an urban area of Dublin 9. On the ground floor, there was a kitchen, laundry room, a staff sanitary facility and three care rooms in operation called the Baby room, the Toddler room and the Preschool room and on the first floor, there was an office, a staff room, a staff sanitary facility and one care room called the Ready-for-School room. All care rooms have sanitary facilities off each room. An outdoor play area is located at the back of the premises.

### Staffing

The registered provider currently employs 19 staff to work in the service including the deputy person in charge, 16 adults working directly with the preschool children, an office administrator and a chef. Three of the childcare professionals currently work between the two services owned and operated by the registered provider. The registered provider works directly in the service and attended the service on both days of the inspection.

### Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

- Information obtained through examination of documentation
- Direct observation
- Discussion with relevant staff

This inspection was unannounced and focused on the area of governance, health, welfare and development of child, safety and premises. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations:

- Regulation 9(1)(a)(b),(2)(a)(b)(c)(d), (4) Management and Recruitment.
- Regulation 11(1),(3) Staffing Levels.
- Regulation 19(1)(a) Health Welfare and Development of Child.
- Regulation 23 Safeguarding the Health, Safety and Welfare of the Child.
- Regulation 26 (1)(a) Fire Safety Measures.
- Regulation 28 Insurance.
- Regulation 30 (2) Minimum Space Requirements.

however, on inspection additional non-compliances which posed a risk were identified under Regulation 8 Notification of Change in Circumstances and Regulation 27 Supervision. 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

An immediate action notice was issued to the registered provider on 18<sup>th</sup> June in relation to concerns identified under Regulation 23, Safeguarding the Health, Welfare and Development of child. The registered provider did not submit a response within the allocated timeframe and a final notice was issued to the 23 June 2025. A response which was deemed inadequate to address the concerns was received on 24 June 2025. The immediate action notice was discussed and evidence the risk had been addressed was provided at a regulatory compliance meeting held on the 4<sup>th</sup> July 2025.

A second immediate action notice was issued to the registered provider on 19<sup>th</sup> June 2025 in relation to concerns identified under Regulation 23, Safeguarding the Health, Welfare and Development of child. The registered provider did not submit a response within the allocated timeframe and a final notice was issued to the 23 June 2025. A response which adequately addressed this immediate action notice was received on 24<sup>th</sup> June 2025.

An internal Tusla referral was made to the Services Operating Outside of Registration status (SOORS) office. Further details are available under Regulation 8 Notification of change in Circumstances. The service has been referred to SOORS following previous inspections.

A referral was made to the chief fire officer on 30 June 2025 in relation to concerns identified during the inspection.

A regulatory compliance meeting was held on the 4 July 2025 to address the continued findings of non-compliance identified on inspection and an inadequate response to an immediate action notice following the inspection.

## Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, manager, staff and children who were present on the day of 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.*

### Non-Compliance Information

(1) The registered provider failed to notify the agency of changes made in relation to the services registration status regarding the number of children the service can accommodate.

The service is currently listed on the national register of early years' service to accommodate a maximum of 52 children during sessional hours and 48 children attending full day care. During both days of the inspection observation of children present, a review of available records and discussion with management confirmed the service is operating outside its registration.

Date and Time	No. of children present	No. of children service is registered to accommodate
Day 1 (am)	57	52
Day 1 (pm)	55	48
Day 2 (am)	58	52
Day 2 (pm)	50	48

In addition to the inspection days a review of attendance records and fire drill procedures dated between December 2024 and June 2025 demonstrated that this is an ongoing practice for the service. The service was re-referred to the Services Operating Outside of Registration Status office following inspection, having previously been referred to them in 2023.

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

#### Corrective and Preventive Action

(1) The registered provider has advised that they reduced the number of children per room to meet capacity at the end of June 2025. Scheduling adjustments were made to stagger attendance times, therefore minimizing peak-time density. Management is committed to implement these actions promptly and will continue to monitor the situation closely to ensure sustained improvement. Enrolment has currently stopped.

### **Supporting documentation submitted**

- No supporting evidence was submitted.

### **Summary Comment**

The actions and evidence provided in relation to Regulation 11 do not provide adequate assurance that the non-compliances will be addressed and sustained. The registered provider was not able to confirm the number of children registered to attend the service at the regulatory compliance meeting and has not submitted details of the number of children currently registered to attend the service as part of the CAPA response. The corrective and preventive action outlined by the registered provider will be reviewed 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.*

### Compliance Information

- (1)
- (a) The service had a designated person in charge and a named person to deputise if required.
  - (b) A review of the staff roster and discussion with management demonstrated that a designated person in charge was rostered to be on the premises on the days of inspection for the duration of the opening hours of the service.
- (2) A review of paperwork and discussion with management showed that there are currently 19 staff employed by the registered provider to work in the service. The files of 1 new staff member and 3 staff who were present during the inspection from another premises and the qualification of 1 existing staff member were reviewed. A review of records maintained by Tusla showed that a garda vetting disclosure for one existing staff member had expired, this was reviewed as part of the inspection process. The registered provider had completed the following checks:
- (a) Six written and validated references were available from past employers.
  - (b) Two written and validated references were available from a source other than a past employer.
  - (c) Garda vetting disclosures had been obtained for 5 staff. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under regulation 23 of this report.
  - (d) Police vetting was available for 3 adults who had lived in a country other than Ireland for a period of six months or more as an adult.
- (4) Evidence was available to show that 3 staff members who worked directly with the children held at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework, or a qualification deemed by the Minister to be equivalent.

### Non-Compliance Information

- (2) (d) There was no police vetting available for one staff member who had resided outside of Ireland for a period of more than 6 months as an adult.
- (3) The procedures specified in paragraph (2) were not carried out prior to the employment of two staff members. A review of start dates showed one adult commenced employment in the service prior to

appropriate consideration of references. One adult commenced employment in the service prior to appropriate consideration of police vetting. This was a non-compliance on the last inspection November 2024.

- (4) There was no evidence available to show that two staff members who worked directly with the children held at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent. This non-compliance was observed on the previous inspection in November 2024. The corrective action has not been carried out in line with the information provided to the inspectorate following the last inspection.

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

#### Corrective and Preventive Action

- (2) (d) The staff member has been unable to obtain police vetting. A preemployment checklist has been developed by management.
- (3) Management have updated the service recruitment policy and revised hiring procedures to explicitly state no staff may commence employment until all vetting and reference checks are completed and documented.
- (4) One staff member is currently enrolled in a QQI level 5 childcare course with expected completion in November 2025 and has been reassigned to a non-contact role in the interim. The second staff member has also been placed in a supernumerary role. Management has updated the service recruitment policy to include mandatory verification of qualifications prior to hiring. A quarterly HR audit will ensure ongoing compliance with staffing regulations.

#### Supporting documentation submitted

- Regulation 9(2)(d) Template pre-employment checklist.
- Regulation 9(4) College letter confirming enrolment.
- Regulation 9(3) and (4) Service Policy - recruiting a new employee.

### Summary Comment

The corrective and preventative actions submitted by the registered provider are sufficient to address the non-compliance under Regulation 9(3). The actions and evidence provided in relation to Regulation 9 (2)(d) and (4) do not provided adequate assurance that the non-compliances will be addressed and sustained. Regulatory compliance remains outstanding; the registered provider is required to submit the police vetting required under (2)(d) to Tusla when it is obtained. The non-compliance under (4) will be reviewed 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.*

### Non-Compliance Information

(1) The registered provider did not ensure that an adequate number of staff were available to ensure the needs of the children were met at all times throughout the inspection. The impact of this is documented under Regulation 19 and Regulation 23.

(2) The registered provider did not ensure that the ratios were maintained in the service at all times. The following was observed:

On day 1:

- Between 10.00am-11.30am four adults wearing caring for 15 children aged between 11 months-24 months. Five adults were required to maintain ratio.
- Between 12.30pm-2.08pm two adults were caring for 18 children aged 3-5 years. A third adult was required to maintain the ratio.
- At 1.00pm one adult staff member was caring for 12 sleeping children aged between 2 - 4.5 years. A second adult was required to maintain the ratio.
- At 14.55pm three adults were caring for 14 children aged between 10 months - 24 months. A fourth adult was required to maintain ratio.
- At 3.00pm one adult was caring for 9 children aged 2-3 years while another staff member conducted nappy changes. A second adult was required to maintain the ratio.

On day 2:

- Between 11.20am - 11.45am an adult supervising a group of 10 children between 2-3 years as a second adult conducted nappy changes failed to meet the care needs of the children present. Children were observed to engage in risky behaviours which posed a safety concern. Additional

children engaged in disputes and on occasion hit their peers which went unnoticed or were not adequately addressed by the adult. A second adult was required to maintain the ratio.

- At 13.02pm one adult was caring for 10 children between 2-3 years while another staff member was on break.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

- (1) Management have recruited and onboard three additional qualified practitioners within the next four weeks to restore compliance with regulation. Management is developing a contingency plan to address unexpected staff absences, including a pool of trained relief staff.
- (2) The registered provider has stated the inadequate staffing was due to staff illness, delays in recruitment, and challenges in securing qualified relief staff at short notice. Management advised they will establish a relief staff pool and streamline the recruitment and onboarding procedure. Management will carry out quarterly reviews of enrolment and staffing needs and continue with ongoing job advertisement.

### Supporting documentation submitted

- No supporting evidence was submitted.

## Summary Comment

The corrective actions and evidence provided in relation to Regulation 11 do not provide adequate assurance that the non-compliances will be addressed and sustained. No evidence was provided to demonstrate the recruitment of new staff. Regulatory compliance remains outstanding, and this will be reviewed 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

### Compliance Information

(1) (a) The following practices were observed to be in place to support the learning, development and wellbeing of the children attending:

- Staff interacted with children using a warm and pleasant tone.

- The main meal on the day 1 of the inspection was a savoury mince with rice, broccoli and sweetcorn. On day 2 the main meal was pasta bake with broccoli and carrots. Staff encouraged a child who was hesitant to try the dinner and gave praise for their efforts. Children were given ample time to enjoy their meal.
- A child who dropped their spoon had it replaced immediately so they could continue their meal and children's preferences were supported to have their sauce placed at the side.
- Children had their drinks present during mealtimes to encourage regularly drinking.
- Children had chairs available during play time in the Preschool room to take part in tabletop activities at the table with staff members.
- There was low level shelving present in the care rooms.
- Children in the preschool room engaged in imaginative play with staff and were observed to move freely around the room.
- Staff conducted nappy changes in a timely manner and supported a child who was toilet training.

### Non-Compliance Information

(1)(a)

#### Basic Needs:

1. Between 11.07am - 11.39am on day 1 of the inspection staff were unable to meet the care needs of children between 11-24 months which resulted in upset for the children present.
  - The atmosphere within the room was unpleasant as a number of children sought attention by crying or crawling towards staff but could not be comforted by staff appropriately as they attended to other children.
  - Children were observed to climb and engage in risky behaviours.
  - Children remained in wet clothing.

Children should be responded to and provided comfort within a timely manner to reduce upset and negative experiences.
2. Staff did not adequately respond to the care needs of two children aged between 11 months - 2 years on day 1 of the inspection between 11.08am - 12.08pm. Clothes being worn by the children were observed to be visibly wet. Staff were observed to interact with the children for example prepare for dinner however they remained unchanged. Wet clothes should be changed promptly to ensure the children's comfort.

3. On day 2 of the inspection a story time activity was not an enjoyable experience for children as it was disrupted as the staff member tried to simultaneously settle an upset child on their lap during the activity. At this time children were also observed to engage in risky behaviours climbing on a bouncer chair.
4. A child over the age of two was not provided with suitable equipment for sleep. On day 1 of the inspection the child was observed to verbally tell staff they would like to sleep. Staff advised the inspector that the child regularly chooses to sleep following mealtimes. The child lay on the floor to settle for rest with a PVC pillow placed under their head. On day 2 the child was observed in the same position for resting. Children's need for sleep and rest should be met in a comfortable and safe manner. This is not in line with service policy that advises children should always have a suitable mattress/cushion to lay on for their comfort rather than lay on the vinyl flooring.
5. Staff were observed to wake two sleeping children over the age of two who demonstrated a need for more sleep. Staff called the children's names while rubbing their hair and face and finally turn them in an attempt to wake them. One child who was woken was observed to quickly return to sleep following the disturbance as another wrinkled their face in unease at the action. Staff commented that one child wanted to sleep more however they continued to be woken. This is not in line with the service sleep and rest policy that advises they must meet individual needs of each child, and that staff cannot wake or keep a child awake against their will.
6. Children over two years old who were awake between 10 - 17 minutes were told by staff to remain on their beds. The children were observed to be fully awake and demonstrate a need to transition from their sleep routine for movement and play by attempting to leave their beds, play with one another and shifting up and down on their beds restlessly. Children who are not sleeping or finished their sleep should have their needs met through alternative activities while their peers are resting.
7. The toileting practice in the ready for school room did not provide for children's privacy and dignity during toileting. One toilet door did not have a closing mechanism in place which resulted in the door remaining open and a child being in view of other children in sanitary area during toileting.

### **Physical and Material Environment:**

8. The height of furniture in the Baby room did not provide for a comfortable mealtime experience or promote self-feeding for all children present. A child was observed seated with the table at neck height during their mealtime.

9. There were insufficient resources available in the Baby room to enable children to engage in meaningful play and support their development.
- There were no books accessible to promote early literacy.
  - There were no blocks, jigsaws or sorting toys accessible to promote fine motor skills.
  - There were no push along toys, buggies or push along toys to encourage early walking development.
  - There were limited resources in the play kitchen area for the number of children present to allow for purposeful play.
  - The animal house had no supporting props for play.
  - Five battery-operated toys had no batteries and could not be used as intended.
10. Books in Preschool room library area were observed tattered and damaged. Books should be maintained and laid out in an inviting manner to promote use and early literacy.

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

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

1. Management is committed to ensure adequate staffing during peak periods to allow timely response to individual needs. A 15-minute hygiene check system has been introduced to ensure children are dry, clean and comfortable at all times. Daily care audits which are short observational audits during care routines to ensure standards are met.
2. All staff have been reminded that wet clothing must be changed immediately to ensure children's comfort and prevent potential health risk. A meeting was held with the staff to reinforce expectations and clarify responsibilities regarding hygiene and comfort standards. Updated the care policy to explicitly include prompt clothing changes for wet or soiled garments. Display this policy in staff areas as a daily reminder. Introduce a daily checklist for staff to monitor children's clothing and hygiene needs, with spot checks conducted by senior staff.
3. The service ensures adequate staffing levels during group activities to allow one staff member to support individual children without disrupting the session. Staff are encouraged to use proactive techniques to anticipate and prevent disruptions, such as preparing calming tools or quiet spaces for upset children. Management will review and optimize the physical setup of story time to minimize distractions and ensure all children are seated safely and comfortably.
4. The registered provider stated that staff had been instructed by the child's parents to not let the child sleep but to only rest in the care room. Parents must complete an agreed individualised sleep/ rest plan for their child. Revise and re-circulate the centres Sleep and Rest policy.

5. The registered provider stated that staff had been instructed by the child's parents to allow the children to only nap for 30 minutes. The registered provider acknowledged that this is not favourable, but the team are following parents' request. The sleep and rest policy is recirculated with all staff and families. Parents must complete an agreed individualised sleep/ rest plan for their child. Revise and re-circulate the centres Sleep and Rest policy
6. Staff will be reminded that children who are awake and no longer resting must not be required to remain on their beds and should be gently transitioned to quiet, independent activities that respect the resting environment of others. Supervisors will monitor compliance during rest periods to ensure children's needs are being met appropriately. Rest time procedures will be updated to include clear guidelines for transitioning awake children to alternative activities. All staff will receive refresher training on responsive care practices and age-appropriate rest routines.
7. The toilet cubicle provides adequate privacy to 2-5 year old children with appropriate door height and neatly closing to the wall.
8. Staff were reminded to monitor seating arrangements and adjust as needed to support each child's needs. Management trained staff to recognize signs of discomfort or improper positioning during mealtimes and respond proactively. Conduct regular observations during mealtimes randomly for one month.
9. Bookshelf were filled with books. Jigsaws, blocks, sorting toys were displayed on the shelf and play kitchen were filled with toys. Five battery operated toys' battery was replaced. Animal houses were filled with props. Management will create a checklist for daily resource readiness and functionality, schedule bi-weekly observation sessions to see how children engage with new materials and use simple checklists for staff to note developmental progress tied to each resource.
10. Books were replaced and moved down from the high shelf. Management to checklist for daily resource readiness and functionality.

### **Supporting documentation submitted**

- Point 1 - Template hygiene checklist and managers daily checklist.
- Point 2 - Managers daily checklist.
- Point 3 - No supporting evidence submitted.
- Point 4 - Service Safe Sleep policy.
- Point 5 - Service Safe Sleep policy.
- Point 6 - No supporting evidence submitted.

- Point 7 - Photographic evidence.
- Point 8 - No supporting evidence submitted.
- Point 9 - No supporting evidence submitted.
- Point 10 - No supporting evidence submitted.

### Summary Comment

The corrective and preventative actions submitted by the registered provider are sufficient to address the non-compliance under point 2, 3, and 7. The actions and evidence provided in relation to points 1, 4, 5, 6, 8, 9 and 10 do not provided adequate assurance that the non-compliances will be addressed and sustained. Regulatory compliance remains outstanding, and this will be reviewed 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

#### General Safety:

- The main entrance was secured when the inspectors arrived at the service. An intercom was in operation and staff attended the door to allow access. This prevented unauthorised persons gaining access or children exiting unsupervised.
- The kitchen was inaccessible to children on both days of the inspection.
- Cleaning products were inaccessible to children.

#### Infection Control:

- Tables and chairs were cleaned and disinfected following mealtimes.
- Foot pedal bins were present in the sanitary areas and waste was inaccessible.
- Cleaning records were displayed in the care rooms and completed up to date.
- Children in the ready for school room were supported to wash their hands before dinner.
- Cot mattresses were washable and wipeable.

#### Safe Sleep:

- Lighting was dimmed but still allowed staff to conduct physical sleep checks on children.

### Non-Compliance Information

#### General Safety:

1. The preschool door leading to the outdoor area was observed open while children were present in the room. This potentially allowed access to numerous hazardous items present in the outdoor area which posed a risk of serious injury to children. Items included but were not limited to large pieces of unstable wood, unstable fencing, a sheet of glass, nails and screws. An immediate action notice was issued on day one of the inspection. Children were observed to play in the outdoor in the afternoon following the issuing of the immediate action notice.
2. Water in the Toddler room sanitary area was not thermostatically controlled and was in excess of 50°C which posed a potential risk of scalding to children. At 11.13am the water temperature was recorded on the inspector's calibrated thermometer at 54.6°C. An immediate action notice was issued on day two of the inspection.
3. Garda vetting was available for two staff members. However, these vetting disclosures were not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'.
4. A child who had been attending the service since early May did not have a full registration record available detailing any specific care needs, allergies, medical records or parental permission for the administration of medication. This posed a safety risk to the child in the event medication or emergency medical treatment was required.
5. An ambient room temperature of 18-22°C was not maintained in rooms were children over the age of one were playing which posed a potential risk to children safety. The following was observed:

Day 1	Day 2
Preschool room: 24.1°C	Preschool room: 24.3°C
Ready for school room: 23.7°C	N/A

The following hazards were observed which posed a potential risk of injury to children:

6. Children were observed playing with a black refuse sack and deflated balloon. Children were observed to place the balloon into their mouths. The inspector brought this risk to the staff members attention and requested they remove the items.

7. Chairs in the Toddler room were observed stacked at a height of seven chairs while children were present in the room.
8. During sleep time in the Toddler room drawstring bags used to store children's bed sheets were left on the floor accessible to children.
9. Trailing flexes were observed in the hallway which could posed a potential risk of injury.

### Infection Control:

10. The following practices were observed which posed a potential risk of cross contamination:

- A child's blanket and art supplies were stored in a sanitary area.
- Four suncreams present in the Toddler room were not individually labelled.
- In the baby room sanitary area three creams were not individually labelled and two had no lids present.

The following items did not allow for effective cleaning and therefore posed a potential infection control risk:

11. The wall by the window in the baby room which is accessible to children was damaged with chipped exposed plaster.
12. The door and door surround of the preschool room were worn with chipped paint.
13. The door surround of the ready for school room sanitary area was unfinished.

### Fire Safety:

The following practices observed posed a potential risk of hindering safe evacuation from the premises in the event of an emergency.

14. Staff were inconsistent in their understanding and explanation of the services fire evacuation procedures. Staff informed the inspectors of varying approaches of how children are accounted for in the event of an evacuation.
15. Attendance records were not maintained in a timely manner. At 10.39am on day 2 a review of attendance records demonstrated that a child who was present in the service was not signed in on the roll book or software application. This non-compliance was observed on the previous inspection in November 2024. The preventive action has not been carried out in line with the information provided to the inspectorate following the last inspection.
16. Some children's attendance was recorded in paper format across two roll books which had the potential to cause confusion in the event of fire evacuation.
17. The side passageway of the premisses which formed part of an evacuation route was observed to be partially obstructed by stored items including lose building materials.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

##### General Safety:

1. Staff were instructed immediately not to leave the preschool door open. The day after the inspection, all hazardous items in the outdoor area was cleared up or locked away safely. The service has implemented monthly safety inspection checklists.
2. A do not use sign was put over the tap. As a reoccurring problem with the tap a fifth plumbing company was contacted to fix the water temperature. Work was carried out July 2025.
3. Updated Garda vetting has been received for two staff members. A reminder has been set on the service calendar three months before renewal of garda vetting.
4. On the morning of the second day of inspection the child's parents returned the registration forms. A mandatory checklist was created that must be signed off by management before any new child starts.
5. In the preschool room the window was open to get fresh air in and later portable fans to promote air circulation. The air conditioner was turned on for the ready for school room. Management will develop and implement a daily temperature log sheet, assign staff to record and initial readings each morning and afternoon. Conduct weekly audits of temperature logs for the next month.
6. The black refuse sack and deflated balloons were removed immediately. Establish a "hazard check" checklist for staff to complete before and after each session – items include inspecting for loose bags, balloons, small parts and broken toys.
7. Stacked chairs were unstacked at once. Management will ensure no chairs are stacked when children are in the room. Incorporate a daily safety-check checklist with a line item for "Chair stack height" signed off by the room senior staff. Scheduled a weekly audit by the centre manager to verify compliance.
8. All drawstring bags will be removed from the floor before nap and placed on a high shelf. All drawstring bags to be replaced by January.
9. There was one trailing flex of the Wifi router in the very corner of the reception area, which is now removed. Monthly safety checklist has been updated, and trailing flexes has been added to the list as a hazard.

##### Infection Control:

10. The child's blanket and art supplies were removed from sanitary area at once, four sun screens were labelled immediately with names. In the baby sanitary area three creams were labelled and the lid was put back on. Scheduled a weekly audit by the centre manager to verify compliance.

11. The wall in the baby room is scheduled to be fixed 30<sup>th</sup> August 2025. A weekly safety audit is scheduled by the centre manger to verify compliance.
12. The inside door in the preschool room is scheduled to get painted on 30<sup>th</sup> August 2025. A weekly safety audit is scheduled by the centre manger to verify compliance.
13. Architrave was put on the ready for school room toilet door. A weekly safety audit is scheduled by the centre manger to verify compliance.

### **Fire Safety:**

14. Fire safety policy will remain as mandatory policy to read at the time of induction. Fire evacuation procedures will be discussed at the time of the monthly fire drill and the fire safety policy displayed in the staff area.
15. A full audit of attendance records was conducted immediately to ensure all children present were accounted for. The child in question was signed in promptly once the omission was identified, and staff were reminded of the importance of real-time attendance logging. All staff are now required to sign in children upon arrival before engaging in any other duties. This is reinforced through daily verbal reminders during morning meeting. Attendance will be recorded simultaneously in both the roll book and the software application, with cross-checking scheduled at 10:00am and 3:00pm daily or/ and weekly. All staff will undergo a refresher training session on attendance procedures by 30/9/25, with emphasis on regulatory compliance and safeguarding.
16. Transitioned all children to a single attendance register book to ensure accuracy and accessibility. Assign a senior staff member to verify that the attendance record is complete and accurate at the start of each day.
17. All obstructing items were promptly removed from the passageway to restore full access by 19/06/2025. Management scheduled regular inspections to ensure evacuation paths remain unobstructed.

### **Supporting documentation submitted**

#### **General Safety:**

- Point 1 - Photographic evidence.
- Point 2 - Invoice for works completed.
- Point 3 - Garda vetting disclosures.
- Point 4 - No supporting evidence submitted.
- Point 5 - Template weekly temperature audit log.
- Point 6 - No supporting evidence submitted.

- Point 7 - No supporting evidence submitted.
- Point 8 - No supporting evidence submitted.
- Point 9 - No supporting evidence submitted.

### Infection Control:

- Point 10 - Photographic evidence.
- Point 11- No supporting evidence submitted.
- Point 12 - No supporting evidence submitted.
- Point 13 - Photographic evidence – demonstrates works are incomplete.

### Fire Safety:

- Point 14 - No supporting evidence submitted.
- Point 15 - No supporting evidence submitted.
- Point 16 - No supporting evidence submitted.
- Point 17 - Photographic evidence and template weekly maintenance log.

### Summary Comment

The corrective and preventative actions submitted by the registered provider are sufficient to address the non-compliance under point 1,2,3,8,9,10,16 and 17. The actions provided in relation to point 4,5,6,11,12,13,14 and 15 are insufficient to adequately address the non-compliance identified. Regulatory compliance remains outstanding and will be reviewed 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-*

*(a) any fire drill that takes place in the premises,*

### Compliance Information

(1) (a) A record was maintained of all fire drills which occurred in the service. The record showed that fire drills are conducted on a monthly basis. The last fire drill took place on 23<sup>rd</sup> May 2025.

## 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 registered provider did not ensure that children were adequately supervised at all times during the day. At times during the inspection children were under the supervision and care of unqualified staff. The following was observed:

##### Day 1

- 11.05am an unqualified staff member was conducting nappy changes.
- 1.00pm an unqualified staff member was supervising 12 sleeping children.
- 3.00pm an unqualified staff member was supervising 9 children while another staff member conducted nappy changes.

##### Day 2

- 11.20am an unqualified staff member was supervising 10 children while another staff member conducted nappy changing.
- 13.02pm an unqualified staff member was supervising 10 children while another staff member was on break.

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

##### Corrective and Preventive Action

As of 1<sup>st</sup> August 2025, the unqualified staff have been restricted from performing any duties that involve direct supervision or personal care of children. The registered provider will revise the staffing policy to clearly define roles, responsibilities, and limitations for unqualified staff. This will include prohibiting unqualified staff from conducting nappy changes or supervising sleeping children and mandatory presence of at least one qualified staff member in each room at all times.

##### Supporting documentation submitted

- No supporting evidence submitted.

#### Summary Comment

The inspector has reviewed the actions submitted by the registered provider. The non-compliance identified under Regulation 27 has been addressed. This will be reviewed on the next inspection.

### Part VI - Safety

#### Regulation 28 - Insurance

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

#### Compliance Information

The registered provider ensured the service was adequately insured for the number of children attending. The current insurance is in place till 28<sup>th</sup> February 2026.

### Part VII - Premises and Space Requirements

#### Regulation 30 - Minimum space requirements

*(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.*

#### Non-Compliance Information

- (2) During the inspection the registered provider did not ensure there was minimum clear floor space available for the number of children present in the Preschool, Ready for school and Toddler care rooms. The table below details the maximum number of children who can be accommodated in these care rooms and the number of children present. The following was observed:

Room Name	Space available	Children in attendance day1	Children in attendance day2
Preschool room (3-4 years) 22.8 m <sup>2</sup>	9 children attending full day care (FDC) or 12 children attending sessional care	10.00am - 14 children sessional 2.55pm - 14 children FDC 16.27pm - 16 children FDC	10.15am - 14 children
Ready for School room (3-5 years) 32 m <sup>2</sup>	13 children attending FDC Or 17 children attending sessional care	10.00am - 18 children sessional 11.48 - 20 children sessional 14.08 - 18 children FDC	10.17am - 18 children 14.48pm - 16 children

Toddler room (2-3 years) 27.12 m <sup>2</sup>	11 children attending full day care	1.00pm - 12 children FDC	
---	--	--------------------------	--

In addition to the inspection days a review of attendance records dated between February and June 2025 demonstrated that this is an ongoing practice for the service

This non-compliance was observed on the previous inspection in November 2024. The preventive action has not been carried out in line with the information provided to the inspectorate following the last inspection.

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

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

Effective from 30<sup>th</sup> June 2025 the service will strictly adhere to the maximum number of children permitted per room based on floor space calculations. Management will adjust enrolment policies to align with physical capacity limits.

#### **Supporting documentation submitted**

- No supporting evidence submitted.

### Summary Comment

The inspector has reviewed the actions submitted by the registered provider. The non-compliance identified under Regulation 30 has been addressed. This will be reviewed on the next inspection.