

# Early Years Inspectorate Regulatory Report

## Pre School

**TUSLA Identifier:** TU2015FL046

**Name of Service:** Bumblebee School Ltd

**Address of Service:** Westbury House, St Fintan's Road, Sutton, Dublin 13

**Eircode:** D13 H273

**Name of Registered Provider:** Emma Crowe, Nichola Higgins

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

**Date of Inspection:** 14/04/2025

<b>No of pre-school children:</b>	<b>AM</b>	47	<b>PM</b>	45

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate Area 1 2 <sup>nd</sup> Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15   D15 CF9K
<b>Inspection undertaken by:</b>	T Nelson and L Webster
<b>Title:</b>	Early Years Inspectors

### Authority to Inspect

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

Conditions if applicable

Not applicable

### Description of service

Bumblebee School Ltd is a full day care service located in a converted residential building on the grounds of Sutton Park School in north county Dublin and is registered to provide early childhood care and education to a maximum of 85 children aged 0 to 6 years old, Monday to Friday. The service also operates a school age childcare service.

Bumblebee School Ltd currently operates five care rooms for preschool children. On the ground floor: the Baby Room (10 to 12 months old), Wobbler room (1-2 years old), Toddler room (2 to 3 years old) and Junior Montessori room (2 to 5 years old), and the Senior Montessori (3 to 5 years old) on the first floor. There are sanitary facilities located off each of the care rooms, a cot room located off the Baby room, a kitchen and an additional sleep room on the ground floor. Further sanitary facilities are available for staff. Fully enclosed outdoor areas are located to the front and rear of the premises.

### Staffing

There are currently 17 staff employed to work in the service including the registered provider, a chef and 15 childcare staff who work directly with the children. Present on the day of the inspection was the deputy person in charge, a chef, 13 childcare staff and a student.

### 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 the following:

- Regulation 9(1)(2)(a)(b)(c)(d), (4) Management and Recruitment
- Regulation 16(1)(h)(j)(k) – Records in relation to Preschool Service.
- Regulation 19 Equipment and Materials
- Regulation 23 Safeguarding the Health, Safety and Welfare of the Child

As a result, the scope of the inspection included Room the Baby, Wobbler and Toddler rooms and did not include the Junior and Senior Montessori rooms.

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 the 15 April 2025 under Regulation 23, in relation to a non-compliance identified under Regulation 9. A response was received from the registered provider which mitigated the risk identified. See body of report for details.

## Acknowledgments

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

### Part III – Management and Staff

#### Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

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

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

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

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

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

#### Compliance Information

- (1) (a) The service had a designated person in charge and named person 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 which was outlined in the service policy handbook.
- (2) The staff roster was reviewed and discussed with the deputy manager which established there were three new staff since the last inspection on the 4 November 2024. The full files of these staff, a student and Garda

Vetting disclosures for two staff members whose files were reviewed on the last inspection were reviewed.

The registered provider had completed the following checks:

- (a) Five validated written references were available from recent past employers.
  - (b) One validated written reference was available from a source other than a past employer.
  - (c) Garda vetting disclosures had been obtained for five of the six files reviewed. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
  - (d) Four adults who had lived in a state other than Ireland for six months or more as an adult had international police vetting from that state available for inspection.
- (4) The three staff who worked directly with children attending the service held a qualification deemed eligible by the Department of Children, Equality, Disability, Integration and Youth Affairs.

### Non-Compliance Information

The registered provider did not ensure the following:

- (2) (a)(b) Documentation was not available to demonstrate that the references for an adult had been appropriately considered prior to them having contact with children.
- (c) A Garda Vetting disclosure was not available for one adult. An Immediate Action Notice was issued to the registered provider in relation to the potential risk posed by this. A response which addressed this risk was received on the 16 April 2025.
- (3) Documentary evidence available indicated that one staff member had commenced employment within the service prior to receipt of Garda vetting. This was identified as a non-compliance on the previous inspection held on the 4 November 2024 and actions put in place failed to prevent a recurrence. Checks on adults must be completed prior to them having access to the children in order to establish they are appropriate to have access to children.

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

#### Corrective and Preventive Action

- (2) (a)(b) The registered provider reports that the reference is now validated and that an updated file check system is in place to ensure this will not happen again.
- (c) Garda vetting is now in place, and the registered provider ensures vetting documentation will be in place prior to any adult commencing in the service.

(3) The registered provider reports that an updated file check system is in place to ensure this will not happen again.

### **Supporting documentation submitted**

(2)(a)(b) Evidence of file check system.

(2)(c) Vetting documentation.

(3) Evidence of file check system.

### **Summary Comment**

The actions taken by the registered provider address non compliances identified.

## **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.*

*(9) In assessing compliance with the adult: child ratios specified in Schedule 6, unpaid workers and, where applicable, the person referred to in Regulation 24(2), shall not be taken into account.*

### **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 12 staff available to 47 children present on the morning of the inspection.
  - There were 12 staff available to 45 children present on the afternoon of the inspection.
- (2) The adult to child ratios were maintained correctly throughout the inspection.
- (9) A student who was present on the day was not included in the adult child ratios of the 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:

- (a) the name, position, qualifications and experience of the person in charge and of every other employee, unpaid worker and contractor;
- (b) details of the class of service and the age profile of children for which the service is registered to provide services;
- (c) details of the adult: child ratios in the service;
- (d) the type of care or programme provided in the service;
- (e) the facilities available;
- (f) the opening hours and fees;
- (g) the policies, procedures and statements the service is required to maintain in accordance with Regulation 10;
- (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:

- (a) Details of the name, position, qualifications, and experience of all staff were maintained within the staff files.
- (b) The service Tusla certificate detailed the class of service and the age profile of children for which the service is registered to provide services. This was displayed in the hallway of the service.
- (c) The policy document outlined the adult: child ratios.
- (d) The policy document outlined the type of care or programme provided.
- (e) The policy document outlined the facilities available within the service.
- (f) The policy document outlined the opening hours and fees of the service.
- (g) The registered provider maintained all the policies required in accordance with Regulation 10.
- (h) Attendance records detailing the daily arrival and departure of the children were maintained.
- (i) A record was maintained of the staff roster which was reflective of the staff present on the day.

(k) Following a review of a sample of 15 records, the registered provider ensured a full record in writing was maintained for accident and incidents.

### Non-Compliance Information

(1) (j) Following a review of a sample of 15 records, the registered provider did not ensure a full record in writing was maintained for the administration of medication. Five of the records reviewed did not have the signature of a parent or guardian acknowledging their child had received the medication. This posed of risk of miscommunication around the administration of medication.

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

#### Corrective and Preventive Action

(1) (j) The service ensure they have a process in place to ensure parents sign medication forms. Parents were reminded to ensure to sign the forms.

#### Supporting documentation submitted

Email to parents.

### Summary Comment

The inspector has reviewed the action and evidence submitted. The non-compliance identified under Regulation 16(1)(j) has been addressed and 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-

*(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

(1)(b) Appropriate and suitable care practices were observed, as evidenced by the following:

- Practices such as mealtimes, nappy changing and toileting were observed to be timely and pleasant experiences for the children. Documentary evidence showed meals provided were regular and varied, with a four-week menu plan available. Staff were familiar with children's food preferences, and these were observed to be facilitated.

- The staff interacted with the children in a respectful, warm and sensitive manner. Appropriate verbal and nonverbal communication such as low tones, eye level contact, touch and other strategies were observed. These strategies can facilitate emotional regulation and social development in young children.
- The experiences and activities provided to the children in the rooms were suitable to the age and stage of development of the children. For example, staff were observed to offer choice of activities, and the timing of these activities was suited to the age range of the children.
- Daily routines were available and were reflected in practice. Routine provides for predictability and comfort.
- Engagement with families and parents was facilitated via an online software application. Information on the child's day such as food intake, nappies and sleep is shared and staff reported conversation can be facilitated at drop off and collection. This can promote a sense of welcome and inclusion for young children.
- The transition from mealtime to sleep was observed to be timely, well organised and calm.

### 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 registered provider ensured the following measures were in place to safeguard children:

##### General Safety:

- The entrance to the service was secured when the inspectors arrived unannounced to the service and remained secured throughout the inspection.
- There was a checklist available detailing appropriate and sufficient contents of the first aid boxes in the service. These had been checked in March 2025.
- Radiators were covered with stable and secure covers.
- Cleaning products and hazardous items were either stored up high out of reach or in secured presses.

##### Infection Control:

- The premises were in a clean and hygienic condition with paintwork and walls in a wipeable condition and documented up to date cleaning records were available and displayed in the premises.
- Appropriate waste disposal units were available in the care rooms and sanitary facilities.

- Children were observed to be supported to handwash before mealtimes.
- Nappy changing was observed to be in line with appropriate hygiene practice.

### Administration of Medication:

- Medication was stored in line with safe storage practice.

### Safe Sleep:

- A log was maintained where the temperature of the room and the colour, breathing and position of sleeping children was checked every 10 minutes.

### Fire Safety:

- Emergency exits were unobstructed.

## Non-Compliance Information

### General Safety:

The following posed a potential risk of injury to children:

1. Items such as toys and a chair were stacked in an unstable manner in the corner of the Baby room, which were accessible to the children and could potentially fall on them.
2. Tape was peeling from the wall in the cot room which was accessible to children. This posed a potential choke risk.
3. The water temperature in the sinks used by the children in the Wobbler/Toddler room sanitary area exceeded the recommended temperature of 43°C. This posed a scald risk to the children. See table below:

Sink	Time	Temperature in °C	Required Temperature °C
Nappy changing Room – left hand sink	10.29am	46.6°C	Less than 43°C
Nappy changing Room – right hand sink	10.29am	46.6°C	
Toilet	10.34am	46.5°C	

4. The slide in the front outdoor play area was cracked, this posed a potential pinch risk for children.

### Infection Control:

5. The paper towel used for hand drying in the toilet in the front outdoor play area was not hygienically dispensed and required repeated hand touch. This potentially increased the risk of cross contamination.

### Administration of Medication:

- The form for recording the administration of medication did not allow for the signature of the witness. This was not in line with the service policy on the administration of medication which stated the witness will countersign the record. This form was not sufficient to support effective safe practice.

### Safe Sleep:

- Sleep practices were not in line with current safe sleep guidance or the service policy on safe sleep. The following was observed:
  - There was no documentation available for one child detailing that they were developmentally ready to move from a cot to a floor bed.
  - Although risk assessments were available, they did not allow for an appropriate consideration of the risks to children under the age of two years sleeping on floor beds, and how these risks would be mitigated.

Children under the age of two years who don't sleep in cots must have appropriate documentation available to show they are developmentally ready for the transition to a floor bed and that the sleep environment had been risk assessed.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

##### General Safety:

- Staff were reminded not to stack toys, and management will spot check to ensure this does not happen again.
- The tape was removed, and management will do spot check to make sure this doesn't happen again.
- The service report they are waiting for a plumber to correct this issue.
- A new slide was purchased. The service report they sheet to record damaged items which management review on a weekly basis.

##### Infection Control:

- The service report staff were reminded to ensure the the hand towel in the dispenser and that staff are now aware of this.

### Administration of Medication:

- The service is in talks with the software application they use about adding in a place for the witness. In the meantime, two members of staff are signing the one box on the current form.

### Safe Sleep:

7. A fully completed sleep plan is now available.  
A risk assessment for the sleep room is now available

### **Supporting documentation submitted**

#### **General Safety:**

1. Memo to staff.
2. Photographic evidence.
3. No evidence.
4. Memo to staff.

#### **Infection Control:**

5. Photographic evidence.

#### **Administration of Medication:**

6. Evidence of current medication administration record.

#### **Safe Sleep:**

7. Sleep plan, risk assessment.

### **Summary Comment**

This regulation remains non-compliant as the registered provider's response did not contain any corrective actions to address the findings at point 3 or adequate preventive actions to address the findings for point 7. This will be reviewed 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.*

*(2) A registered provider shall ensure that a suitably equipped first aid box for children-*

*(a) is safely stored in an easily accessible and conspicuous position on the premises, and*

*(b) is available to the children attending the pre-school service at all times.*

### Compliance Information

(1) The registered provider had evidence that a person trained in First Aid Responder training was available at all times to the children attending the pre-school.

(2) (a) A suitably equipped first aid box was stored in the care rooms.

(b) The first aid boxes were easily accessible and available.

## Part VI - Safety

### Regulation 26 - Fire safety measures

*(1) A registered provider shall ensure that a record in writing is kept of-*

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

*(b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.*

*(4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.*

### Compliance Information

The registered provider ensured the following:

- (1)
- (a) A record of fire drills was available on the premises with the last drill dated as having been carried out on the 25 March 2025.
  - (b) An up-to-date maintenance record was available for the Fire extinguishers and smoke alarms in the premises. The fire extinguishers were serviced on the 16 July 2024 and the smoke alarms were maintained on the 11 April 2025.
- (4) A procedure to be followed in the event of a fire was on display in each of the care rooms