

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015FL085
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Name of Service:	Drumnigh Montessori Primary School
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Address of Service:	Ardscoil La Salle, Raheny Rd, Raheny, Dublin 5
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Eircode:	D05 Y132
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Name of Registered Provider:	Chrissy Millar
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Service type:	Part Time, Sessional
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Date of Inspection:	27/09/2024
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No of pre-school children:	AM	33	PM	33
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Address of the Early Years Inspectorate:	Early Years Inspectorate, 7th Floor, Brunel Building, Heuston South Quarter, St. John's Road West, Dublin 8
Inspection undertaken by:	E. Finnegan Hayes & E. Saini
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.
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Description of service

Drumhugh Montessori Primary School is a privately operated montessori school which operates from a prefabricated building on the grounds of a school in a residential area in Dublin 5. The service currently operates Monday to Friday, 8:30am-1:30pm and is registered to provide early years care and education to 44 children aged 2-6 years. The service is comprised of three care rooms; two of which are used for preschool children. Primary school children attend the service daily in the third classroom. The service participates in the Early Childhood Care and Education (ECCE) Scheme from 9am-12pm daily. A large outdoor area is located on the premises.

Staffing

The registered provider employs nine staff to work directly with the children in the service including the school principal, seven staff who work with early years children and one staff member who works with primary school children. On the day of inspection there were six staff present in the service; five of whom were working directly with the preschool children. The registered provider is not currently working in the service.

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

The inspection focused on an examination of compliance under;

- Regulation 9 Management and Recruitment,
- Regulation 11 Staffing Levels,
- Regulation 16 Records in relation to the preschool service,
- Regulation 21 Equipment and Materials,
- Regulation 23 Safeguarding Health, Safety and Welfare of child,
- Regulation 25 First aid,
- Regulation 26 Fire Safety

However, on inspection additional non-compliance which posed a risk was identified under Regulation 8 Notification of Change in Circumstances. 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 27th September in relation to concerns under Regulation 23- Safeguarding Health, Safety and Welfare of Child. A response which adequately addressed the concerns was received on 30th September 2024. See body of report for details under the respective regulation.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the school principal, board member, 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 did not notify the agency of a change of the designated person in charge of the service. Discussion with management on the day of inspection showed that the change was enacted in September 2023 and has not been notified to the agency to date.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) EYI Notification Form of proposed change in circumstance has been filled in and sent with the request to apply the change in retrospect. Management and Board of Management are now aware of this. A board member is registered to attend a webinar regarding the change in circumstance form and to gain knowledge regarding same. The item is to be included as a potential risk on the risk register under staffing.

Supporting documentation submitted

Confirmation of submission of a CIC was received.

Summary Comment

The registered provider has attempted to address the non-compliance under Regulation 8, however as the application has not yet been approved regulatory compliance remains outstanding.

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 named person in charge and a person to deputise when required.
 - (b) A review of the roster showed that a named person in charge is available at all times in the service.
- (2) A review of the roster and discussion with management and staff established there are currently ten staff employed in the service including the registered provider. The files of all staff were reviewed as part of the inspection. A garda vetting disclosure was also reviewed in relation to a board member who attended the service to support the inspection.
- (a) (b) Twenty written and verified references were available in relation to ten staff members.

- (c) Garda vetting disclosures had been obtained for ten staff members and the board member who was present on the day of inspection. 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 two staff members who had lived in a country other than Ireland for a period of more than 6 months.
- (4) Evidence was available to show that nine 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) The registered provider did not ensure that police vetting was available for all staff members who had lived in a country other than Ireland for a period of more than 6 months as an adult. The following was observed;
- The inspectors could not establish if police vetting was required for two staff members who lived in a country other than Ireland as dates were not provided on the persons CV.
 - An international child protection certificate was required for one staff member who left the UK after October 2012. It is acknowledged that a standard DBS check was on file for this person.
- (3) The registered provider did not ensure the checks required under (2) above were conducted prior to the start date of all staff members.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2) (d)
- Two staff members CVs have now been updated to include the dates of all places of work. The updated CV's show that neither staff member lived outside of Ireland for a period of more than 6 months. The updated CVs are on file.
 - International Child Protection Certificate has been applied for and will be held on file once received. For all future successful recruitment processes, it will be a requirement to present a Child Protection Certificate, if necessary, along with all other relevant documents, prior to the start date of employment. These will be retained by the service manager on the premises for inspection in accordance with our GDPR policy.

(3) All references have now been verified. The action to verify references will be completed before the staff member starts to work in the school. Future recruitment processes will ensure copies of reference will be retained by the service manager in line with the services GDPR policy and available for inspection, our recruitment policy will be updated to reflect this.

Supporting documentation submitted

A copy of the CV's and a proof of application for the ICPC were reviewed.

Summary Comment

The corrective and preventive actions proposed by the registered provider as sufficient to address the non-compliances under Regulation 9.

Part III – Management and Staff

Regulation 11 - Staffing levels

(1) Subject to this Regulation, a registered provider shall ensure that there is at all times an adequate number of adults working directly with the children attending the pre-school service.

(2) Subject to paragraphs (4) and (5), a registered provider of a full day care service or a part-time day care service shall ensure that at all times the minimum ratio of adults to children specified in column (3) of Part 1 of Schedule 6 opposite a particular reference number specified in column (1) of that Part in respect of the age range of the children specified in column (2) thereof at that reference number is satisfied.

Compliance Information

(2) The registered provider ensured the minimum adult to child ratios were maintained within the care rooms. On the day of inspection;

- In the middle room two adults were caring for 15 children aged 3-5 years old.
- In the bottom room two adults were caring for 17 children aged 3-4 years old.

Non-Compliance Information

(1) The registered provider did not ensure that adequate staff were available to meet the needs of the children at all times. Additional staff were required in the bottom room between 10:05am and 10:19am to support the transition to the outdoor area. During this time children were observed standing with their coats on in a confined area by the door while the staff supported other children to put on their coats and prepare for the transition. Children were observed climbing on shelves and pushing each other, other children continued to play in the room as no clear direction was given.

Some children were observed to stand by the door for 15 minutes without any activity and appeared bored and restless. Children need clear direction during times of transition and transitions should be completed in a timely manner to ensure the children are engaged. Additional staff were required to meet the needs of the children during this time.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) The Manager and Board had addressed the need for extra staff in the room in question prior to the inspection. An additional staff member had been approved for appointment as an AIM assistant pending vetting but had not yet started. The additional staff member started their role in that room on the 7th of October 2024. A meeting was also held with all staff members to address and remind them of the procedures for transitioning children. A staff meeting has been held and regular staff meetings/discussions will occur in future also to identify if any actions are needed to ensure smoother transitions. The board of management are kept informed of this through monthly meetings with Principal.

Supporting documentation submitted

Documentation in relation to a new staff member was reviewed.

Summary Comment

The corrective and preventive actions proposed by the registered provider are sufficient to address the non-compliance identified under Regulation 11.

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

The registered provider ensured a record of the following was maintained;

- (a) Details of staff including the name, position, qualifications and experience of the person in charge and of every other employee was maintained in the staff files.
- (b) The service displayed the Tusla registration certificate which outlines details of the class of service and the age profile of children for which the service is registered to provide services.
- (c) (d)(e)(f) The safeguarding statement was displayed in the entrance hall and clearly outlined details of the adult:child ratios in the service, the type of care or programme provided in the service, the facilities available and the opening hours and fees.
- (g) The policies, procedures and statements the service is required to maintain in accordance with Regulation 10 were available for review.
- (h) Roll books are available in both classrooms to record details of attendance by each pre-school child on a daily basis.

- (i) A staff roster was available.
- (j) A sample of one medication administration record which details nine administrations was available for review. The record was complete with all necessary details recorded.

Non-Compliance Information

- (k) A sample of twelve accident and incident record forms were reviewed, and the following was observed;
 - The form does not have space to record the child's date of birth. This is required to ensure the correct child can be identified if the record is required in future.
 - The child's surname was not recorded on two forms. This is required to ensure the correct child can be identified if the record is required in future.
 - One record did not contain the signature of the child's parent acknowledging they had been advised of the accident. This posed a risk to the child.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (k) A meeting was held on 3/10/2024 with staff members. All staff are to now record full name and date of birth on the accident/incident report forms. A review of the template of accident and incident report form will be completed by the board and any required updates will be adopted by the board for mandatory use in required circumstances and communicated to staff. All previous versions of the template will be disposed of.

Supporting documentation submitted

No supporting documentation was reviewed.

Summary Comment

The corrective and preventive actions proposed by the registered provider are sufficient to address the non-compliances identified under Regulation 16.

Part V - Care of Child in Pre-school Service

Regulation 21 – Equipment and materials

A registered provider shall ensure that there is adequate and suitable furniture, play and work equipment and materials available on the premises of the pre-school service.

Compliance Information

The registered provider ensured that a supply of suitable materials and equipment were available to the children in the service. The following was observed;

- Low level tables, chairs and shelving was available to support the children to be independent.
- A range of montessori equipment and toys were available in both care rooms.
- Books were available to support children’s language development.
- Soft seating areas were available for children to rest as needed.
- The outdoor area provided an opportunity for gross motor play in a natural environment.

Non-Compliance Information

1. The chalk board in the bottom room did not have a supply of chalk readily available for use which limited it’s use and prevented children engaging with the equipment independently.
2. No supporting equipment was available for a mud kitchen in the outdoor area which limited it’s use and prevented spontaneous imaginative play experiences.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. Staff members in the preschool service have been instructed to ensure that chalk is always readily available to the children. A staff meeting was held, and staff informed that they are to check at the beginning of every day that all supplies are accessible to the children.
2. The mud kitchen has since been removed from the garden area. Only fully operational and fit for purpose equipment shall remain in the garden. Items requiring repair are reviewed on a monthly basis by the person in charge with a member of the board then informed of same. Maintenance of equipment is carried out by appropriately qualified parents. This practice will continue in the future.

Supporting documentation submitted

A photo of the mud kitchen having been removed was reviewed.

Summary Comment

The corrective and preventive actions proposed by the registered provider are sufficient to address the non-compliances identified under Regulation 21.

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 door to the service was secured on arrival to the service and staff attended the door to allow access to visitors which prevented unknown persons entering the premises.

Infection Control:

- Thermostatically controlled warm water and dispensed soap were available to support adequate hand hygiene.
- Windows were open in both care rooms to allow fresh air to circulate.

Administration of Medication:

- A detailed care plan was available for a child who required emergency medication.
- Medication was stored out of reach of children.

Fire Safety:

- Staff were aware of the procedure to be followed in the event of a fire emergency.

Non-Compliance Information

General Safety:

- A Garda vetting disclosure that was available for one staff member was not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'.
- A child aged 4 years old was observed to eat popcorn for lunch which is a noted choking hazard for children under 5 years old. The healthy eating policy does not mention choking hazards or restricted items other than unhealthy foods such as sweets.

3. Radiator covers throughout the service were not adequately secured to the wall and presented a risk of injury to the children should they pull at them.
4. Two high shelves in the bottom room were not adequately secured to the wall and presented a tipping risk. A child in this room was observed to climb on the lower shelves which increased the risk.
5. Cleaning sprays and liquids were observed to be stored in a low-level press in the lobby of the sanitary area accessible to the children. This posed a risk of injury to the children who were observed to access this area independently.
6. A lamp in the corner of the middle room was unsteady and had a trailing flex which was not secured and posed a risk to the children.
7. A crawl space was accessible under the building to children playing in the outdoor area and pipes were visible. This posed a risk to the children who could crawl under the building and access unsafe materials or become stuck.

Infection Control:

8. Radiator covers throughout the service did not have an easy to clean surface and were observed to be made from porous wood and heavily stained. This posed an infection control risk; all surfaces should be easy to clean.
9. Three pedal operated bins in the service were not fitted with lids; the lids were missing from the bins. Pedal operated bins are required for hygienic disposal of contaminated items such as tissues.
10. Perishable items such as yoghurts were observed in children's lunch bags on the counter in the middle room. It is acknowledged that some lunchboxes were refrigerated. All perishable items should be refrigerated to prevent spoiling.
11. Containers of crackers and rice cakes were left open after lunchtime posing a contamination risk.
12. Handtowels were not hygienically dispensed in the service care rooms or sanitary area. A dispenser was present in the bottom room. Handtowels should be hygienically dispensed to prevent cross contamination.
13. Two toilet seat adapters were observed on the floor of one of the children's toilet cubicles which presents an infection control risk as well as posing a tripping risk. Toilet seat adapters should be stored off the floor when not in use.
14. Toys and low-level beds were observed to be stored in the adult toilet which posed a cross-contamination risk. Classroom equipment should not be stored in the sanitary areas.

Administration of Medication:

- Medication was not disposed of in line with the service policy for example Ventolin was present in the first aid box which staff confirmed was for a child who no longer attended the service. The service policy states medication will be disposed of.

Fire Safety:

- An entrance hall which formed part of the designated fire evacuation route was used for the storage of a number of items which may have delayed or impeded the safe evacuation of children in the event of a fire emergency. An immediate action notice was issued to the registered provider.
- Boxes were stacked in front of the fire extinguishers in the entrance hall which may impede access to them in the event of a fire emergency. An immediate action notice was issued to the registered provider.
- Attendance records were not completed contemporaneously in either classroom for example in the bottom room at 9:52am the attendance of eighteen children who were present in the room was not recorded in the roll book while in the middle room at 11:28am the attendance record showed both arrival and departure times for fifteen children who were present in the service. Attendance records should accurately reflect the attendance of all children to ensure safe evacuation in the event of a fire emergency.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

- Renewed Garda vetting is complete and on file. All Garda vetting on file is to be checked monthly by the person in charge, so that the need for renewal may be communicated to the staff member/board member in question and completed in a timely manner/when necessary.
- An email was sent to parents in relation to popcorn to state that it was not permitted as it is a choking hazard. The healthy eating policy has been amended and approved and adopted by the board to state choking hazards as of 30/09/2024. The Board has amended the healthy eating policy and this has been included in the risk register. This updated policy has been made available to parents/guardians.
- Radiators have been secured to the wall and painted with a wipeable gloss finish to prevent infection. Items requiring repair are reviewed on a monthly basis by the person in charge with a member of the board then informed of same. Maintenance of equipment is carried out by appropriately qualified parents. This practice will continue in the future.

4. High shelves have now been secured to the wall. We will ensure that all future purchased furniture will be secured to wall where necessary. Items requiring repair are reviewed on a monthly basis by the person in charge with a member of the board then informed of same. Maintenance of equipment is carried out by appropriately qualified parents. This practice will continue in the future.
5. A child safety lock for the cabinet containing the cleaning products has been purchased and is in situ. Applied the child safety lock to the cabinet in question. Staff meeting has been held and ensured that staff are aware that all cleaning products should be kept in a secure place at all times. Staff are to check the cabinet is closed securely with the safety lock after using cleaning products. Management has added this to the indoor risk assessment and informed board of same.
6. Tall lamp from the middle room has been removed from the school. Staff meeting has been held and staff have been informed that any appliance that is electrical must be safe, secure and all wires must be secured to prevent tripping and other safety hazards, in compliance with our board-adopted Slips, Trips, and Falls Risk Assessment. Staff are to check appliances throughout the day and act immediately, should an appliance need to be secured.
7. This space has been panelled in securely. Staff meeting has been held and both management and staff have been reminded that when carrying out outdoor risk assessment, they must check the building and surrounding areas for potential safety hazards. Items requiring repair are reviewed on a monthly basis by the person in charge, with a member of the board then informed of same. Maintenance of equipment is carried out by appropriately qualified parents. This practice will continue in the future.

Infection Control:

8. All radiators have been painted with non-porous wipeable gloss finish paint.
9. Three new pedal bins with lids have been purchased and are in place. The old bins have been disposed of. A staff meeting has been held and staff requested to inform the person in charge if bins should break or need replacing, so that action may be taken immediately. Items requiring repair are reviewed on a monthly basis by the person in charge, with a member of the board informed of same. Maintenance and replacement of equipment is carried out by appropriately qualified parents. This practice will continue in the future.
10. The staff have been instructed to ensure that all lunches are to be refrigerated, every day. A staff meeting has been held and staff have been requested to ensure that putting all lunchboxes in the fridge is part of the daily routine. Board have been informed and it is included in risk assessment.

11. Staff meeting was held. Staff were instructed to ensure that all open food products are kept in a secure container and sealed during intervals between times when children are eating. Staff meeting was held. Staff were instructed to ensure that all open food products are kept in a secure container and sealed during intervals between times when children are eating. Staff are required to check the snack area several times throughout the day, to ensure food is stored in sealed containers. Board have been informed and it is included in risk assessment.
12. Hygienic hand towel dispensers have now been installed in all relevant areas. Staff meeting was held and staff have been requested to put all used tea towels in a laundry basket and replace with fresh tea towels regularly. Staff meeting was held and staff have been requested to check throughout the day to ensure that separately dispensed towelling is replaced and available in the hygienic hand towel dispensers, when necessary. Staff have been requested to put all used tea towels in a laundry basket and replace with fresh tea towels regularly.
13. Hooks have been installed in both children's toilets for the correct storage of the seat adapters. The children have been shown where the seat adapters must be hung on the hooks after each use. A staff meeting was held, and the staff have been instructed to check throughout the day that the seat adapters are stored correctly when not in use. Items requiring repair are reviewed on a monthly basis by the person in charge, with a member of the board informed of same. Maintenance and replacement of equipment is carried out by appropriately qualified parents. This practice will continue in the future.
14. Toys have been removed from the toilet area. Beds are now stored in each classroom. A staff meeting was held, and staff were instructed on the correct storage of toys and equipment to be used in the service.

Administration of Medication:

15. Staff were instructed to dispose of all non-relevant medication. A staff meeting was held. Staff were instructed to check the first aid box monthly, with a checklist, in order to remove and dispose of any items that do not belong, in line with first aid training.

Fire Safety:

16. The hall was cleared immediately of all items. A sign was placed in the hall reminding all staff and parents that nothing is to be stored in the hall, and it must be kept clear at all times, as it is an emergency exit. A staff meeting was held. The hall area will be reviewed on a daily basis by staff and the person in charge, with immediate action to be taken, if required, to ensure compliance with our fire safety policy.

17. The boxes were removed immediately when clearing the hall. A sign was placed in the hall reminding all staff and parents that nothing is to be stored in the hall and it must be kept clear at all times, as it is an emergency exit. A staff meeting was held. The hall area will be reviewed on a daily basis by staff and the person in charge, with immediate action to be taken, if required, to ensure compliance with our fire safety policy.
18. A staff meeting was held. All staff were reminded, as a vital health, safety and fire requirement, to mark attendance as each child arrives and also to mark the child out when they are leaving. The Principal will check the roll books regularly, to ensure proper procedure is followed.

Supporting documentation submitted

Photographs of above were reviewed.

Summary Comment

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

Part VI - Safety

Regulation 25 - First aid

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

(2) A registered provider shall ensure that a suitably equipped first aid box for children-
(a) is safely stored in an easily accessible and conspicuous position on the premises, and
(b) is available to the children attending the pre-school service at all times.

Compliance Information

- (1) The registered provider ensured that a staff member trained in First Aid Response (FAR) was available to the children on the day of inspection.
- (2) (a)(b) Suitably equipped first aid boxes were available in the care rooms. These were stored safely out of reach of children, readily available and easily accessible to the adults if required.

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 firefighting 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

- (1) The registered provider ensured that the following records were maintained;
- (a) A record of monthly fire drills showed that the last fire drill had taken place on 11th June 2024; the service is closed in July and August.
 - (b) A record of servicing and maintenance for the firefighting equipment was serviced in September 2023 while the smoke alarms were serviced on the 14th May 2024.
- (4) Notices detailing the steps to take in the event of a fire were displayed throughout the service.