

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015FL101
Name of Service:	Giraffe Childcare Blanchardstown
Address of Service:	Block 3, Blanchardstown Corporate Park, Dublin 15.
Eircode:	D15 X5TE
Name of Registered Provider:	Dearbhala Cox Giffin
Service type:	Full Day
Date of Inspection:	24/07/2025

No of pre-school children:	AM	45	PM	54
-----------------------------------	----	----	----	----

Address of the Early Years Inspectorate:	Early Years Inspectorate, Floor 7 Brunel Building, Heuston South Quarter, St John's Road West, Kilmainham, Dublin 8 D08 X01F
Inspection undertaken by:	L.A. Webster and E. Griffin
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

Giraffe Childcare Blanchardstown is a privately owned full day service that is located in North Dublin. The service is one of twenty-four services that is operated by the registered provider. The service is registered for a maximum of 90 preschool children aged from 0-6 years and participates in the Early Childhood Care and Education (ECCE) scheme. The service is registered to operate from 07:30-18:00pm Monday to Friday. The service is a stand-alone building that is comprised of seven care rooms two cot rooms, two additional indoor play areas, a kitchen, sanitary facilities, a staff room and an office. The care rooms include:

Room name	Age group
Baby Baringo	1-1.5 years
Wobbler Safari	1-1.5 years
Wobbler Cameroon	1-1.5 years
Toddler Madagascar	2-3 years
Toddler Botswana	3 years
Pre-school Masi Mara	3.5-4 years
Pre-school Kenya	3-5 years

There is an enclosed outdoor play area that is towards the rear of the service, which is divided into three sections which are used by the children for outdoor playtime.

Staffing

The registered provider does not work within the service and employs 22 adults that work in the service. This includes an area support manager, person in charge, 2 deputy persons in charge, 16 childcare staff, and two ancillary staff which are the chef and the housekeeper. On the morning of the inspection there were 19 adults present including the 2 deputy persons in charge, 15 adults working directly with the children and the 2 ancillary staff. Shortly after the inspection commenced, the area manager arrived and remained at the service to help facilitate the inspection process. The registered provider was not present on the day of 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 and safety. The inspection may also focus on other areas as required.

A sampling process was used to assess compliance under regulation 9 Management & Recruitment, Regulation 16 Record in Relation to a Pre-School Service (h), (l), and (k). Regulation 19 Health Welfare and Development of Child, and Regulation 23 Safeguarding the Health, Safety and Welfare of Child. As a result, the scope of the inspection included rooms Wobbler Safari, and Pre-school Masi Mara.

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

This inspection was triggered as a result of information received by the inspectorate on 26 June 2025.

An immediate action notice was issued to the registered provider on 24 July 2025 in relation to two concerns identified under Regulation 23, Safeguarding the Health, Welfare and Development of child. Responses which adequately mitigated these concerns were received on 25 July 2025. Further details are available under Regulation 23.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the area manager, two deputy persons 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.

(7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:

- (a) the policies, procedures and statements of the service specified in Schedule 5;*
- (b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and*
- (c) these Regulations.*

Compliance Information

- (1)
- (a) The registered provider ensured there was a designated person in charge and a named person to deputise as required.
 - (b) The two designated people in charge were on the premises when the inspectors arrived unannounced to the service and remained in the service for the duration of the inspection.
 - (c) There was a clear management structure in the service that identified the lines of authority and accountability in the service and the specific roles and responsibilities of each employee.
- (2) It was confirmed by the person in charge that there were five new adults whose files who had been employed since the last inspection on the 20 November 2024. Adults included four early years educators and one auxiliary staff; a housekeeper. The files of these five adults were reviewed as part of the inspection. In addition, Garda Vetting disclosures for four staff members whose files had been reviewed on the last inspection.
- (a) Ten written and validated references were available from a past employer.
 - (c) Garda vetting disclosures had been obtained for the four new staff members. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years in relation to four staff whose files were reviewed on the last inspection.
 - (d) Police vetting was available for 4 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 all 4 adults who worked directly with the children held a major award in Early Childhood Care and Education at a minimum of level 5 on the National Framework of Qualifications, or a qualification that is deemed of equivalence by the minister.

(7) (a) A sample of eight existing staff training records were reviewed as part of the inspection. There was documentary evidence to show that seven of the eight adults had read the policies and procedures of the service. Including health and safety, outdoor policies, curriculum, child protection and classroom duties.

Non-Compliance Information

(2) (c) Although a Garda vetting disclosure was available for one staff member, there was no consideration of the disclosure such as a risk assessment undertaken by the service. Any disclosures should be assessed to determine any potential risk to the children.

(7) (a) Staff Training Records

- A sample of five new staff induction records were reviewed as part of the inspection. One of the new adults did not have a training card on file. It is acknowledged this adult does not work directly with the children. Two out of the four new adults who worked directly with children discussed that they had not read the child protection policy, which was at variance with the training records.
- A sample of eight existing staff training records were reviewed as part of the inspection. There was documentary evidence to show that one adult had not signed off on the full training record.
- There was no documentary evidence available to show that eight staff had completed their mandatory child safeguarding training. Although adults reported to the inspection team that they had been made aware how to identify any child protection concerns and the reporting procedure of these practices that were disrespectful or harmful to children. In addition, one of the new adults was not aware of these reporting procedures. This was not in line with the services child protection policy.

Staff Supervision

- There was documentary evidence available to show that the roll out of staff supervision, staff appraisals and annual reviews were at variance with the service's policy. A sample of nineteen records were reviewed, and the following was observed.
 - Thirteen of the fifteen supervision records did not include the date that the supervision took place.
 - One of the fifteen supervision records was dated October 2023.

- Three of the supervision records did not include staff signatures.
- Nine of the fifteen supervision records were not signed by management.
- Six-supervision records were signed by a manager who has left the service since September 2024.
- There was no documentary evidence to show that staff had completed their 6-month probationary period.
- The Staff supervision policy states that “the centre manager will carry out one to one meeting on a regular basis or as required, notes from this meeting will be recorded and objectives set according to the needs of the individual. Six-month probationary reviews and annual appraisals will take place to review staff progress, practice, training needs, future goals and both parties will sign off on any issues or training needs discussed”.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) (c) A full risk assessment was completed by the HR Department in relation to the disclosure. The assessment followed the company’s Risk Assessment Policy and addressed potential risks to children, with all findings documented and signed off by the DLP. All future disclosures will undergo documented risk assessments. These will be conducted by the DLP in conjunction with HR Department.

(7) (a)

- The existing staff member who had not fully completed a training card has now completed one.
- All team members successfully completed the Child Protection Policy training session ensuring full understanding of safeguarding responsibilities, with attendance documented and training cards filed. Any outstanding Children’s First Training has now been completed with a full centre completion rate.
- Staff appraisals have been collected from all staff with 1:1’s scheduled over the next few weeks.
- Going forward, all new staff will complete a minimum of four hours shadowing a senior member of staff during their first day, with an induction signed off by the manager. Safeguarding training will be completed within the first week of employment for all new staff, with training records updated within 24 hours of completion. Children’s First will be completed before their first day in the centre.

Supporting documentation submitted

(2) (c) Documentary evidence submitted.

(7) (a) Documentary evidence submitted.

Summary Comment

The corrective and preventative actions provided by the registered provider are 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

(1) There were 16 adults caring for 45 children in the morning and there were 15 adults caring for 54 children in the afternoon. In addition, the 2 deputy persons in charge, and the area support manager were available to provide support in the care rooms where required.

(2) The adult to child ratios were maintained correctly throughout the inspection.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

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

(h) details of attendance by each pre-school child on a daily basis;

(i) details of staff rosters on a daily basis;

(k) details of any accident, injury or incident involving a pre-school child attending the service.

(3) A record referred to in paragraph (1) shall be open to inspection on the premises, and the documents and records referred to in paragraph (2)(a) shall be open to inspection whether on the premises or elsewhere, by an authorised person.

Compliance Information

(1) (h) Details of attendance by each pre-school child were stored in the children's attendance record in each care room.

(i) The registered provider ensured that there was an accurate record of the staff roster containing the details of the staff rostered on the day of inspection.

(ii)

(3) Records were open to inspection by an authorised person. All records requested by the inspection team were available for review.

Non-Compliance Information

- (1)
- (k) A sample of twenty accident and incident records were reviewed. Five of the records were not complete. Evidenced by the following.
- There was no evidence to show when the parent/guardian was informed of the day of the accident/incident as the dates were left blank beside the parent's signature. It is important that parents are informed of any incidents or accidents on the day, so that they can appropriately monitor their child.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (1)
- (k) All staff have been retrained on the completion of incident and accident report forms, with an emphasis on recording the date and confirming parental notification. Parents of children involved in previous incomplete reports were contacted to finalise missing signatures or dates.
- Going forward, a designated member of the management team will review and sign off all incident and accident reports, before they are filed.
 - A monthly compliance check will be carried out to confirm zero incomplete reports, and findings will be recorded in the monthly incident report form. This process will be reviewed at the next quarterly staff meeting to ensure sustained compliance

Supporting documentation submitted

- (1) (k) Documentary evidence submitted.

Summary Comment

The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliance under Regulation 16.

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.

(3) A registered provider shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of a pre-school child whilst attending the service.

Compliance Information

(1)(b) The following practices were observed to be in place to support the children in the service:

- Interactions between staff and children were observed to be warm, respectful, and supportive throughout.
- Snack time were observed to be very interactive, and children were supported by staff to eat independently and stepped in when needed. Children were given time to sit down, eat and digest their food. In discussion with staff, fresh food is prepared on a daily basis and should a child request additional food, it was available.
- Designated cosy areas were available within the rooms that allowed for children to rest and included comfortable materials such as cushions and soft toys.
- All children were observed to spend time in the outdoor play area.
- Parents/guardians were given information on their child's food intake, toileting and sleep via an electronic communication application.
- Staff comforted a child who was transitioning into another care room when they appeared upset.
- A staff member was observed to offer cuddles and sat close to the child during an activity.
- Children were observed to have the freedom to move freely in their care room and independently choose their activities and play experiences.
- Activities and materials available were suitable for the age and stage of the children in the care rooms.

(3) Practices observed on the day were in line with the services positive behavioural strategies.

Non-Compliance Information

(1) (b) There was no individual care plan available for one child who, through discussion with staff and documentary evidence showed signs requiring extra support around sensory-seeking behaviour. This was not in alignment

with the services policy which states that the service will “provide all employees, parents/guardians, and the children the strategies for managing and supporting children’s behaviour”. An individual care plan helps outline evidence of a child's strengths, challenges, or goals. A clear and detailed care plan would help inform and support staff to reduce the likelihood of risk within the care room.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) (b) An individual care plan was developed for the identified child, in collaboration with parents, outlining strategies for managing sensory-seeking behaviour. The care plan was signed by parents and the centre manager, stored in the child’s file and base room, and all relevant team members were fully trained. Going forward care plans will be created after identifying any child with behavioural or sensory support needs. The care plan process will include a parent meeting, written agreement, and staff briefing. A quarterly review will be carried out to ensure all relevant care plans remain current and effective

Supporting documentation submitted

(1) (b) Documentary evidence submitted

Summary Comment

The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances under Regulation 19.

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 entrance to the service was appropriately secured upon the inspector’s arrival. The service entrance operated through a buzzer system that allowed entry into a main hallway and a second door is coded and securely locked to prevent children from leaving the service unsupervised and restrict any unauthorised access to the service. Additionally, the outdoor area was securely fenced and gated.
- The kitchen area was inaccessible to children and the door remained closed throughout the inspection.
- Blind cords were securely attached to the wall and out of reach of children.
- Staff ensured that individual placemats with the children’s photo are coloured and themed into allergy or no allergy colours to ensure safe food intake.

Infection Control:

- Upon arrival, it was observed that the service was clean and hygienic within the care rooms and sanitary facilities.
- Foot operated pedal bins were in use for the appropriate disposal of waste in the care rooms and sanitary facilities. These were observed to be in good working order.
- An ambient temperature of 16-22°C was maintained in the care rooms, and the windows were open to allow fresh circulation of air.
- Within the sanitary room, children had individually labelled storage areas for their nappies, creams and wipes to avoid any cross contamination.
- Soothers used within the service were stored in individually labelled boxes.
- Individual bed linen was used for the sleeping children and staff were familiar with the washing schedule.
- Windows in the care rooms were observed to be open which allowed for circulation of air and reduced the risk of cross infection.

Safe Sleep:

- Heavy clothing was removed from the children before sleep time.
- Lighting was subdued in the sleep rooms and soft music was played.
- Children under two years of aged were provided with a cot for sleeping. Children over two years of aged were provided with their own individual sleep mat and individual bed linen.
- An ambient temperature of 18-22°C was maintained for sleeping children over one years old in care rooms. The temperature in the cot room was recorded at 21.9°C at 1.44pm while four children from the Baby Baringo and Wobbler Safari room slept.
- Staff were observed to physically monitor the children at 10-minute intervals and written records of these checks including the position, breathing and the colour of the children were maintained.

Non-Compliance Information

General Safety:

- Water in three wash hand basins was not thermostatically controlled with temperatures in excess of the recommended 43°C which posed a risk of scalding to the children. The following temperatures were recorded.

Room Name	Time	Water Temperature
Masi-Mara	10:21am	48.9°C
Botswana	11:15am	62.1°C
Madagascar	11:20am	64.7°C

An Immediate action notice was issued on the day of the inspection in relation to the water temperature in Botswana and Madagascar rooms. A response which mitigated this non-compliance was received on 25 July 2025.

- There was no documentary evidence of a risk assessment available following an incident that occurred within the service. This is at variance with the services incident policy which states “a risk assessment will be carried out after a serious incident or accident to review the detail and any necessary changes to the resources or environment will be implemented if possible”.
- At 10:35 am, it was observed that a cleaning agent was accessible to children on a shelf with neighbouring steps. This was within potential reach of a child located in the first sanitary area within the Masi-Mara room and posed a safety hazard.
- At 10:48 am in the Wobbler Safari room, it was observed that a metal radiator cover was damaged and loose. This posed a potential significant pinch risk to children as it was accessible beside the kitchenette play area.
- There was an air cooler system with a trailing flex observed to be stored on top of a shelving unit in both the Botswana and Madagascar room. This posed a risk of injury. It is acknowledged that both units were relocated to a safer location once the identified risk was brought to the attention of the deputy person in charge.

Fire Safety:

- The emergency fire exit door in the sleep cot room off the Wobbler Safari room was observed at 13:44pm to be obstructed while four children between the ages of 1 and 1.5 years were sleeping. This posed a significant risk to both children in the cot room and care room in the event of an emergency fire evacuation. An Immediate action notice was issued on the day of the inspection in relation to this second concern. A response which addressed this non-compliance was received on 25 July 2025.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. An external specialist contractor attended the centre and upon inspection found a mixing valve was not working properly in one sink which was adjusted on the day and working at the correct temperature.
2. A risk assessment relating to the incident has been completed, signed by the manager, and stored in the Health & Safety Folder. A post-incident risk assessment will be conducted as per policy.
3. All team members have attended a chemical storage safety training session with attendance recorded and training cards filed. The manager will carry out daily water and chemical storage checks using the manager's health and safety diary to record findings
4. All radiator covers have been repaired. Maintenance issues will be reported using our new expansive system to ensure completion is immediate
5. All electrical flexes are secured.

Fire Safety:

6. The additional cots were removed, and staff training took place this morning on the importance of fire exits being clear and what to do in the event additional cots were required. Training cards completed by staff ensuring they are aware of the importance of supervision during handwashing.

Supporting documentation submitted

General Safety:

1. Documentary evidence submitted.
2. Documentary evidence submitted.
3. Documentary evidence submitted.
4. Documentary evidence submitted.
5. Documentary evidence submitted

Fire Safety:

6. Documentary evidence submitted.

Summary Comment

The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances under Regulation 23.

Part VIII - Notifications and Complaints

Regulation 32 – Complaints

- (1) A registered provider shall ensure that the complaints policy of the service specifies-
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,
 - (b) the manner in which such a complaint shall be dealt with, and
 - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.
- (2) A registered provider shall ensure that-
- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and
 - (b) the complaint is duly dealt with in accordance with the provider's complaints policy.
- (3) A record in writing referred to in paragraph (2)(a) shall-
- (a) include the nature of the complaint and the manner in which the complaint was dealt with, and
 - (b) be open to inspection on the premises by an authorised person.

Compliance Information

- (1) The registered provider ensured the following:

There was a complaints policy maintained which outlined the following:

- (a) The procedures to be followed when making a complaint.
 - (b) The way complaints would be dealt with.
 - (c) The procedures for keeping the complainant informed on how the complaint is being dealt with.
- (3) A review of records referred to in (2)(a):
- (a) A record of complaints received was recorded in a complaint logbook and was made available for review by the inspection team. The complaint logbook included a log of six complaints which had been received with the past two years.

Non-Compliance Information

- (3) (b) Although a complaints logbook was maintained documenting if a complaint was received, the registered provider did not ensure that the complaint logbook was maintained in line with best practice and the service complaints policy. Evidenced by the following.
- Five of the six complaint records did not include essential details such as the child's surname and the full name of the complainant.

- A verbal complaint received which was logged in the complaint book included documentary evidence of follow up actions with staff. However, the compliant record did not outline the follow up steps taken to ensure the complainant was satisfied with the outcome and that the complaint was closed off.
- Two verbal complaints which were received included documentary evidence of a solution offered to the complainant by the person in charge. However, the compliant record did not outline the follow up steps taken to ensure the complainants were satisfied with the outcome and that the complaint was closed off.
- A verbal complaint which was received did not include any solution offered to the complainant by the person in charge or any follow up actions to be taken by the person in charge to address this complaint, the outcome and if the complaint was closed off.
- One complaint which was received in writing was followed up with a phone call. However, there was no documentary record of the phone conversation with the complainant to include the outcome and if the complaint was closed off.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(3) (b) The Management team received refresher training on the Complaints and Compliments Policy & Procedure. Training covered correct logging, investigation and follow up requirements. To ensure consistency and accuracy, our Area Director will review our Complaints and Compliments Book on her visits to the centre.

Supporting documentation submitted

(3) (b) Documentary evidence submitted.

Summary Comment

The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances under Regulation 32.