

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015FL307
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<b>Name of Service:</b>	The Learning Circle
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<b>Address of Service:</b>	37 Myrtle Drive, The Coast, Baldoyle, Dublin 13, Co. Dublin
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<b>Eircode:</b>	D13 X2N4
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<b>Name of Registered Provider:</b>	Michelle Murphy
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<b>Service type:</b>	Full Day, Part Time, Sessional
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<b>Date of Inspection:</b>	14/05/2025
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<b>No of pre-school children:</b>	AM	79	PM	47
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<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate Child and Family Agency Dublin Northeast Second Floor, Unit 4&5 Nexus Building Block 6A, Blanchardstown Corpo Park, Dublin 15.
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<b>Inspection undertaken by:</b>	E Hosford and Á Dunne
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<b>Title:</b>	Early Years Inspectors
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### 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).

<b>Conditions if applicable</b>	Not applicable.
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### Description of service

The Learning Circle is a private service which provides a sessional, part time and full-time service to children aged from birth to 6 years and is registered to operate from 7:30am to 6:15pm Monday to Friday but is currently operating from 8am to 6pm. The service also provides a school age service.

The service operates from a purpose built two storey premises on the north side of Dublin city and was operating seven care rooms for early years children and two care rooms for school age children. The rooms were as follows: Panda 1 and Panda 2 Room (1-3 years), Baby /Penguin Room (1-2 years), Monkey Room (3-4 years), Tigers room (3-5 years), Dolphin Room (3-5 years) and the Sharks room (3-6 years). A separate sleep room is situated on the ground floor beside the Penguin Room and has six standard cots. An enclosed outdoor area is available to the children at the rear of the premises and a soft playroom on the first floor.

### Staffing

The service employs 29 staff including the registered provider, designated person in charge, two deputy people in charge, two cooks, and administrative assistant, a maintenance person and 21 childcare staff, three of whom only work with the school age children. The registered provider does not work directly with the children 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

The inspection focused on an examination of compliance under Regulation 9, 11, 16, 19, 23, 25, 26 and 29.

A sampling process was used to assess compliance under Regulation 16, 19 and 23, as a result, the scope of the inspection included the Panda 1, Panda 2, Penguin room, the Monkey and Tigers room and did not include the Dolphin or Shark room. Regulation 11 was inspected across all care 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.

### Acknowledgments

The inspectors wish to acknowledge the cooperation of the 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

*(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.*

*(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

(2) The files of six new staff members employed in the service since the last inspection and a staff member from a support charity providing one to one support for a child in the Sharks room were reviewed during the inspection.

(a) The following references were from a past employer.

- Two validated written references for three staff members and the staff member from a support agency.
- One validated written reference for two staff members.

(b) The following references were from a source other than a past employer.

- Two validated written references for one staff member.
- One validated written reference for two staff members.

(c) Garda vetting disclosures were available for 6 staff members and the staff member from a support agency, along with four updated Garda vetting disclosures for current staff. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under Regulation 23 of this report.

(d) Documentary evidence showed that four adults and the staff member from a support agency had lived outside of the state for six months or more as adults and international police vetting from five states were available for inspection.

(4) Three staff who worked directly with the children attending the service held at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications or a qualification deemed eligible by the Department of Children, Equality, Disability, Integration and Youth Affairs.

### Non-Compliance Information

(4) One staff member who worked directly with the children attending the service did not have written documentation to confirm that the qualifications they held was at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications or a qualification deemed eligible by the Department of Children, Equality, Disability, Integration and Youth Affairs.

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

#### Corrective and Preventive Action

(4) In response to the non-compliance the service has stated that the staff member has completed their level 5 and was issued with a letter to confirm the course is complete. We will ensure that a letter from the college clearly states that the course has been completed.

#### Supporting documentation submitted

(4) Letter from college confirming staff members qualification.

### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified in regulation 9 (4) has been adequately addressed.

## 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.*

(8) Without prejudice to paragraphs (2) to (7)-

(a) a registered provider of a pre-school service other than a child-minding service or a sessional pre-school service shall ensure that there are at least 2 adults on the premises at all times,

### Compliance Information

(1) There were an adequate number of adults working directly with the children as there were 20 staff working directly with 79 children aged between 0-6 years in the morning and 11 staff working with 47 children in the afternoon. Two additional staff members were available to help across the care rooms during the operation of the service.

(2) The correct adult/child ratio was maintained in the service throughout the inspection at all times.

**Panda 1 Room:** 2 adults caring for 8 children aged between 1-3 years in the morning and 1 adult caring for 5 children in the afternoon.

**Panda 2 Room:** 2 adults caring for 12 children aged between 2-3 years in the morning and 10 children in the afternoon.

**Baby/Penguin Room:** 3 adults caring for 11 children aged between 1-2 years in the morning and 3 adults caring for 10 children in the afternoon.

**Monkey Room:** 5 adults caring for 19 children aged between 3-4 years in the morning and 2 adults caring for 10 children in the afternoon.

**Tigers Room:** 3 adults caring for 16 children aged between 3-5 years in the morning and 2 adults caring for 12 children in the afternoon.

**Dolphin Room:** 2 adults caring for 6 children aged between 3-5 years in the morning.

**Sharks Room:** 2 adults, one of whom was from a support agency were caring for 7 children aged between 2-6 years in the morning.

(8)(a) On review of the service roster it was confirmed that two adults were present on the premises at all times.

### Part IV – Information and Records

#### Regulation 16 – Record in relation to pre-school service

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

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

#### Compliance Information

(h) Staff ensured that the time of each child's arrival and departure from the service was recorded in the care room attendance book.

(i) A service roster was available and reflected the staff present in the service during the inspection.

#### Non-Compliance Information

(1)  
(j) On review of 20 administration of medication records for children in the service, the following information was not recorded.

- Six records did not include the child's date of birth.
- One record did not include the details of the medication administered and the length of time the medication was required for.
- Two forms did not include the signature of the parent consenting for the administration of the medication.
- Seven forms did not have all the required information recorded regarding the staff member who gave the medication and the staff member who witnessed the administration.
- Eight forms did not have the signature of the parent on collection to ensure that the parent was aware of the administration to their child.

(k) On review of 19 accident and incident records the following information was not recorded.

- One form did not include the child's date of birth.
- Two forms did not include the date of the incident, and two forms did not include the date the form was completed.
- One record did not include the parent's signature while six forms did not include the date the parent signed the form.
- The manager's signature was not recorded on two forms.

Full records, including signatures and dates must be maintained.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(1) (j) (k)

In response to the non-compliances the service has stated that staff have been reminded both verbally and via a memo about the importance of completing forms correctly and ensuring they are signed. (see memo attached)

Management will review forms and will not sign any incomplete forms. We will note all/any forms due to be signed and review to ensure signed.

### Supporting documentation submitted

(1)(j)(k)

Service memo to staff dated 14 May 2025.

## Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified in regulation 16 (j) and (k) have been adequately addressed.

### Part V - Care of Child in Pre-school Service

#### Regulation 19 - Health, welfare and development of child

(1) A registered provider shall, in providing a pre-school service, ensure that-

(a) each child's learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and

#### Compliance Information

(1)(a)

##### Basic Needs:

- Nappy changing and toileting were respectful and positive experiences for the children, and the children were changed on a regular basis or as required.
- On observation and discussion with staff it was confirmed that all children in the service accessed outdoor play on the day of the inspection.
- Rest areas were provided in the care rooms to enable the children to rest and relax throughout the day.
- Children in the Tigers room enjoyed a snack from home to include crackers, yogurts, cheese and water, with a hot meal later in the day of vegetable curry and rice. The children were given time to eat their food in a calm and relaxed environment. Additional food was available in the care rooms if required. Water was available throughout the day and was accessible to the children.

##### Physical Environment:

- The furniture provided in the Panda 1 Panda 2, Monkey and Tiger rooms was low level and appropriate for children attending and the toys, equipment and play materials were easily accessible and visible to the children on low-level units, nurturing independent decision making.
- The outdoor play environment was observed to be resourced with ride on bikes, scooters, slides and climbing frames. These promoted the development of skills such as balance, running, jumping, stopping, and facilitated risk play under the supervision of staff

##### Supporting Relationships:

- Warm and positive interactions were observed between adults and children. The atmosphere in the service was relaxed and staff and children were observed to be familiar with the routine.

- Relationships with parents were facilitated through conversations at drop-off and collection where the child's day was discussed; detailing information on the child's day such as diet, sleep, nappies, curriculum activities and other relevant information.

### Non-Compliance Information

(1)(a)

1. Toys and equipment in the Penguin room did not encourage or invite the children to engage with them. For example, cause and effect toys were without batteries, supporting equipment for the doll's house, and a toy boat and shape sorter were missing and equipment for the play kitchen were not accessible to the children.

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

#### Corrective and Preventive Action

(1)(a)

1. In response to the non-compliances the service has stated that in conjunction with the staff in the room a quality framework for care of children was reviewed.

Electronic toys are being kept to a minimum and the children's needs are reflected in the room. The room will regularly be reviewed to ensure that the environment reflects the needs of the children. Staff will engage in online professional development through a quality practice organisation to assist in their understanding of the needs of the children. The service is also engaging with the quality practice organisation.

#### Supporting documentation submitted

(1)(a)

1. Service memo to staff dated 14 May 2025 and revised layout and equipment in room.

### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified in regulation 16 (j) and (k) have been adequately addressed.

### Part VI - Safety

#### Regulation 23 - Safeguarding health, safety and welfare of child

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

#### Compliance Information

##### General Safety:

- The entrance to the main building had an electronic automatic door system in place, which was operated and managed by staff.
- Internal doors throughout the premises had handles and latches up high out of reach of children.
- The outdoor play space was fully enclosed. The doors into the kitchen, staff toilet and storage areas were secured and not accessible to children.

##### Infection Control:

- Children slept in cots and low beds which were observed to be positioned with appropriate space between them to support effective infection control.
- The premises appeared to be in a clean and hygienic condition and documented up to date cleaning records were available and displayed in the premises.
- Nappy changing was carried out in line with appropriate infection control 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.
- The temperature of the room while children slept was maintained at the recommended ambient temperature of 18-22 °C for children over one year old.

##### Fire Safety:

- Fire exits were unobstructed, and the fire evacuation routes were displayed throughout the premises.

#### Non-Compliance Information

##### General Safety:

1. Garda vetting disclosures that were available for two staff members were not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting.

##### Infection Control:

2. The infection control practices observed in the Penguin room were at variance with the service policy and best practice guidelines. For example.

- The children did not have their hands washed before eating their lunch.
- Staff did not intervene when they observed a child playing with the waste disposal bin.

### Safe Sleep:

3. In the Penguin room staff maintained a log of the temperature of the rooms and the colour, breathing and position of sleeping children. However, discrepancies were observed in the information recorded. For example.

- The times documented by staff were at variance with the observed time of sleep checks completed.
- The temperature display in the cot room was observed as 19.7°C, however, staff recorded 17°C and 18°C.

Accurate sleep checks are required to ensure the safety of children while they sleep.

4. The service did not adhere to the child sleep guidelines for children under the age of two years that slept on low contour beds. For example.

- Three children under the age of 2 years who slept on low contour beds were left unattended and not always supervised by a staff member.
- Five children under the age of two years slept on low contour beds, however, completed sleep plans were incomplete for two children as required by Tusla Safe Sleep Guidelines.

### Fire Safety:

5. Documentation available demonstrated that fire drills are not completed in the service monthly. This reduces the effective evacuation of staff and children in the event of an emergency.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

##### General Safety:

1. In response the service has stated that vetting is regularly checked and updated. All staff have now been advised that they must provide proof of completing the application within 24 hrs. The vetting has been applied for, and we are awaiting receipt of same. As with all staff who do not have vetting, the provider is not attending the creche.

##### Infection Control:

2. To address the non-compliances the service has stated that staff have all been reminded about the importance of implementing hygiene practices and will ensure that hand washing is part of their daily routine. Also noted with staff was to be vigilant with children crawling near bins. Engagement with a quality development agency will support staff to be observant in these areas.

**Safe Sleep:**

3. To address the non-compliances observed a meeting was held with staff to read through our safe sleep policy and ensure that everyone is aware of accurate recording. Management will check in with staff to ensure all sleep times/temperature are correctly recorded.
4. In response a meeting was held with staff who were reminded that children need to be supervised while sleeping. Management will complete regular checks in rooms to ensure guidelines are being followed.

**Fire Safety:**

5. Following the inspection a member of staff is the nominated fire officer. We will now have a second fire officer who is a management member, thus ensuring fire drills are monthly. Fire officers will refresh their knowledge in this area, and we will have a check list on the wall to be filled in by one of the fire officers at every fire drill, thus giving a visual for all management to ensure they are completed monthly.

**Supporting documentation submitted**

**General Safety:**

1. No evidence submitted.

**Infection Control:**

2. Service memo to staff dated 14 May 2025.

**Safe Sleep:**

3. Service memo to staff dated 14 May 2025
4. Service memo to staff dated 14 May 2025 and sleep plan for one child.

**Fire Safety:**

5. Documentary evidence of fire drills completed in service in May and June 2025.

**Summary Comment**

The inspector has reviewed the actions and evidence submitted. The non-compliances identified in regulation 23 have been adequately addressed, however, a Garda vetting disclosure dated within three years has not been received for one staff member.

## 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 service provided evidence that a person trained in First Aid Responder training was available at all times to the children attending the service.

(2)(a) and (b) Suitably equipped first aid boxes were available and were safely stored in an easily accessible and conspicuous position on the premises.

## 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)(a) A written record was available of the fire drills completed in the service. The last recorded fire drill took place on the 5 May 2025.

(b) A record was available of the number, type and maintenance of the firefighting equipment and smoke alarms in the service. Fire extinguishers were serviced on the 14 November 2024 and smoke alarms were serviced on the 25 May 2024.

(4) A notice of the procedures to be followed in the event of a fire was conspicuously displayed on the premises.

### Part VII - Premises and Space Requirements

#### Regulation 29 - Premises

*A registered provider shall ensure that the premises of the service are-*

*(d) cleaned, maintained and repaired, as required, and*

#### Non-Compliance Information

(d) Areas within the Monkey room to include the soft seating and wooden flooring were damaged and therefore not washable or wipeable, increasing the potential risk of cross infection.

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

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

(d) In response the service has stated that the floor was fixed to prevent gaps, and the couch was removed until a new one arrives. A large mat for a cosy corner is in place. Checks of equipment will take place.

##### **Supporting documentation submitted**

(d) Photographic evidence.

#### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified in regulation 29 have been adequately addressed.