

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015KK051
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<b>Name of Service:</b>	Little Mischief Day Nursery Mooncoin
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<b>Address of Service:</b>	The Hawthorns, Roseleigh, Mooncoin, Co. Kilkenny
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<b>Eircode:</b>	X91 WY43
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<b>Name of Registered Provider:</b>	Sharon O'Brien
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<b>Service type:</b>	Full Day
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<b>Date of Inspection:</b>	14/04/2025
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<b>No of pre-school children:</b>	AM	15	PM	12
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<b>Address of the Early Years Inspectorate:</b>	Primary Care Centre, Castle Park, Arklow, Co. Wicklow Y14 AE10
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<b>Inspection undertaken by:</b>	L O' Connor
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<b>Title:</b>	Early Years Inspector
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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

Little Mischief Day Nursery Mooncoin is a full day care service located in Mooncoin, Co Kilkenny. The service operates from converted residential property. It is registered to accommodate 47 children aged 0 to 6 years old. The registered provider advised that the service only currently caters for children aged 1 to 5 years. The service operates from 7.30am to 5.30pm Monday to Friday for 50 weeks of the year. There are three rooms within the service. On the ground floor, there is the Pre-Montessori room and the adjoining room is divided into the Baby room (0 to 2 years) and Toddler room (1 to 3 years). On the first floor, there is a Montessori room (2.5 years to 5 years) catering for two groups of children. This room was not in operation on the day of inspection.

The service has a kitchenette for the storing, preparing and cooking of food. A sleep room is available and it is adjoining the Baby and Toddler room. The outdoor area is located to the rear of the premises. There are sanitary areas for the children on the ground floor and first floor. The nappy changing area is on the ground floor.

The service also runs a school age care service which is registered separately.

### Staffing

The service employs nine adults to work directly with the children, including the registered provider. On the day of inspection, there were six adults working with the children, including the registered provider.

The staff members working 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.

### 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 and health, welfare and development of child. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations Regulation 9 Management and recruitment, Regulation 11 -Staffing, Regulation 16 Record in relation to pre-school service, Regulation 19. Health, welfare and development of child and Regulation 25 -First Aid. However, on inspection additional non-compliance which posed a risk was identified under Regulation 23 Safeguarding health, safety and welfare of child. 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 service on 14 April 2025 in relation to Regulation 23 Safeguarding health, safety and welfare of child. It was deemed that there was potential immediate risk to the safety of the children. The registered provider provided a response on the 15 April 2025. Please refer to Regulation 23 Safeguarding health, safety and welfare of child.

### Acknowledgments

The inspector wishes to acknowledge the cooperation of the registered provider, person in charge, staff and children who were present on the day of the inspection.

### Part III – Management and Staff

#### Regulation 9 – Management and recruitment

*(1) A registered provider shall ensure that-*

- (a) the service has a designated person in charge and a named person who is able to deputise as required,*
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and*

*(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) There was a designated person in charge of the service and a named staff member was appointed to deputise when required.
- (b) There was a designated person in charge of the service when the inspector arrived unannounced at the service and was present for the duration of the inspection. The registered provider arrived at the service shortly after the commencement of the inspection.
- (2) A total of nine files were reviewed and the following was noted:
- (a)(b) Written validated references were available for the nine adults from a previous employer and/or a source other than a previous employer.
- (c) The required Garda vetting disclosures were in place for the nine adults. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, please refer to Regulation 23 Safeguarding health, safety and welfare of child.
- (4) The adults working 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) Through a review of documentation, it was determined that police vetting was required for two staff. However, only one police vetting record was available for review.
- (3) Recruitment and vetting procedures were not carried out in advance of appointment for all staff with regard to consideration of police vetting.

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

#### Corrective and Preventive Action

- (2)
- (d) The registered provider, through their CAPA stated that the service did not have police vetting as the staff member only lived overseas for 18 weeks. The registered provider stated that if a staff member has lived abroad for longer than 6 consecutive months, the service will make sure vetting is obtained.
- (3) The service will review staff files and have all paperwork in place before employment commences.

### Supporting documentation submitted

No evidence was submitted.

### Summary Comment

The response provided by the registered provider has been accepted. Regulation 9 Management and recruitment will be assessed on the next inspection.

### Part III – Management and Staff

#### Regulation 11 - Staffing levels

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

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

*(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) On the day of inspection, there was an adequate number of adults working with the children. Additional support was provided by the registered provider and person in charge.

(2) It is acknowledged that on the day of inspection, the adult to child ratio was maintained. On arrival to the service there were fifteen children present with five adults. At 9.50am, the following was in place;

- There were six children aged 3 to 5 years in the pre-Montessori room with one adult.
- The babies and toddlers were in one room with a room partition dividing the two groups of children. There were six children aged 2 to 3 years in the Toddler group and there were two adults working with three children aged 1 to 2 years.

The Montessori room on the first floor was not in operation on the day of inspection due to the Easter mid-term.

### Non-Compliance Information

(2)

On review of staff rosters and the children's attendance records for the weeks of 31 March 2025 and 7 April 2025, the adult to child ratio was not maintained from 7.30am to 8.30am. From the review of documentation, based on the number of children present, two adults were required from 7.30am to 8am and three adults were required from 8am to 8.30am.

(8)(a)

On review of the services rosters for the week of the 24<sup>th</sup> - 28<sup>th</sup> March 2025, 31<sup>st</sup> March 2025 to 4<sup>th</sup> April and 7<sup>th</sup> - 11<sup>th</sup> April 2025, there was only one adult rostered to be on the premises from 7.30am to 8am. The hours worked were confirmed with staff members. Two adults are required to be on the premises at all times while children are in attendance.

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

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

(2) The registered provider responded to this non-compliance on 15 April 2025 and stated that the rota has been edited to include the times of the registered provider arriving and departing from the service. The service will now implement a sign in/sign out policy for all staff and visitors. The service's sign-in policy will be reviewed.

(8)(a) Staff rosters were reviewed by the registered provider and there will always be a minimum of 2 staff on the premises. A sign-in, sign-out sheet has been put in place for all staff and visitors to sign in and sign out, rosters will include all staff hours and be amended as required. Staff have been notified that sign in sheet will be displayed in hallway at front door entrance and must sign in and out, daily.

#### **Supporting documentation submitted**

The registered provider submitted a staff roster on 15 June 2025.

### Summary Comment

Based on the actions and assurances, the requirement has been met for Regulation 11 -Staffing. This regulation will be assessed on the next 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;*
- (j) details of any medication administered to a pre-school child attending the service with signed parental consent;*

### Compliance Information

- (h)* An attendance record was in place, and it was reflective of the children present on the day. The staff members were observed to update the attendance record as children arrived and collected from the service. This was reflective of the service’s attendance policy which stated that a record of each child’s attendance is kept on a daily basis and is available and readily accessible to relevant staff.
- (i)* A staff roster was in place which was reflective of the staff present on the inspector’s unannounced arrival to the service. In discussion with the staff members, the roster was reflective of the hours worked.
- (j)* In discussion with staff members, it was confirmed that the service administers medication to the children. The records in place provided the relevant details of medication administered to children while attending the service. This was reflective of the service’s administration of medication policy.

## 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*
- (b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.*

### Compliance Information

The children brought their snack for the morning and tea time from home. At 10.50am, the children ate yogurts, fruit, sandwiches and rice cakes. The staff members sat with the children during the morning and evening snack time. The dinner was prepared by an outside catering company for the children in the Toddler and Pre-montessori room. On the day, the dinner was pasta bolognese and garlic bread. The staff members explained that the children enjoyed their dinner, and that alternative food was available for the children if required. The portion sizes were suitable for the age and stage of development, and children were offered an extra portion. The children in the Baby room brought their dinner from home and this was re-heated by the service. Children were provided with water for mealtimes and throughout the inspection.

The service's managing behaviour policy outlined that staff support children to develop friendships with other children. This practice was observed on the day of inspection through sibling and family friendships between the care rooms. For example, during mealtimes there was a flexibility whereby two siblings attending different groups played together in the afternoon and ate their evening snack together. Similar practices were observed during the morning time whereby two children who knew each other were provided time by the staff members to interact and play. This practice supported a sense of belonging for the children.

The children from the pre-Montessori room were observed to access the toilet independently with discreet supervision and were provided with support as required. The staff members changed the children's nappies routinely throughout the inspection.

### Non-Compliance Information

(1)(a)

1. The dinner time did not provide children in the Toddler group with an opportunity to refine their skills or experience a sense of achievement of self-feeding. While eating their dinner, a child aged 2 to 3 years spilled pasta and sauce on their jumper, on the table and on the floor. The staff member was observed to pull the child's chair away from the table to clean their jumper, the table and the floor. When pushing the child's chair back into the table, the staff member said, 'be careful with your dinner'. This practice was at variance of the service's healthy eating policy which outlined children are encouraged to feed themselves independently, according to their age and stage of development and that bibs are worn by the younger children or any child who needs it. Mealtimes should provide children with a relaxed atmosphere and provide a time for children to experience a sense of achievement in feeding themselves.

2. The table in the toddler room was too low for the children. The six children were unable to position their legs under the table. This was at variance of the service's healthy eating policy which stated that tables are suitable for the age and stage of development of the children.
- (b)
3. Staff members did not provide adequate reassurance or comfort to a child who was upset on the morning of the inspection. A child aged 1 to 2 years in the Baby room was observed to be unsettled and distressed throughout the morning of the inspection. The child was visibly upset at various stages and overheard to ask for their parent on numerous occasions between 9.45am to 1pm. In discussion with staff members, it was outlined that the child was attending the service for a few months but had not settled. It is noted that the child was provided with reassurance on one occasion during snack time at 11am that their parent would be arriving shortly to collect them. The child was observed to settle, however, minutes later the child was removed from the low-level chair and was upset. The staff members were observed to continue to clean the area and put away the highchairs. This practice was at variance with the service's managing behaviour policy which outlined that staff respond in a timely and appropriate way when children cry or become upset. The service's settling in policy outlined that the service endeavoured to make the settling-in process a positive experience for children and would work closely in partnership with parents/guardians to ensure this is achieved. In discussion with staff members, it was confirmed that a transition plan or evidence of working closely with the child's parents/guardians was not in place to support the child.
4. Staff members did not effectively communicate or support the children in the Baby room during times of transitions. The service's policy outlines that children are given advance notice visually of changes to routines or planned changes within the schedule of activities which will affect them. The policy outlined that the service consider it important to recognise that some children need to be given more time, support and assistance to cope with changes in activity levels and/or types of activities. The following was observed;
- a. Before mealtimes, staff members were observed to lift and place the children into the highchairs and a low-level chair without providing an insight to the children as to what was going to happen next. Following mealtimes, staff members were observed to remove the children from the highchairs and place them onto the ground without any communication. During snack time, one child was observed be eating their crackers and the staff member lifted them from the highchair onto the ground. Children were observed to be upset when they were put into and removed from the high chairs.

- b. At 11.15am, a staff member placed two of the children aged 1 to 2 years into the double buggy in the outdoor area. The staff member was pushing the buggy in a rocking motion. Minutes later, the two children were removed from the buggy without explanation and the two children were observed to cry.
- c. At 12.35pm, during the transition from the outdoors to indoors, children from the Baby and Toddler room were not provided with insight or expectations on what was happening next. The staff members did not provide expectations for the children that they would be going indoors for their dinner. Two of the four children were observed to be crying and were placed into a high chair. Through providing children with an insight of what to expect supports the development of positive relationships as it develops a sense of trust and knowing for the child.

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

#### Corrective and Preventive Action

##### (1)(a)

1. Forks will be introduced at dinner time and bibs will be used for younger children. The children are encouraged to be independent during meal times but children meet their milestones at different levels and the 18 month old child is still only at the early stages of self-feeding but this will be encouraged everyday to keep our mealtimes a relaxed atmosphere.
2. The table was adjusted in toddler room to help children legs fit comfortably under the table. The service will adjust tables as needed.

##### (1)(b)

3. After discussions with the staff, a transition plan with the child and their parents has proved to be successful. The transition plan in place includes strategies to help a child move smoothly during activities and within the environment. This includes using verbal and nonverbal cues and visual schedules.
4. A new transition plan has been put in place to support children into what happens next. This support will give children advance notice during activities, meal times and play time. This is through using different bells, timers and music. A transition plan is now in place regarding feeding time and a better communication from staff when moving from highchair to floor play, A better understanding is in place, for example, the staff are aware if a child is not ready to move to next activity and are happy to continue

to play where they are. Since implementing this new strategy, it has created a stable and supportive environment between staff and children.

### Summary Comment

The non-compliances have been addressed by the actions submitted by the registered provider. The actions submitted for Regulation 19 Health, welfare and development of child will be assessed on the next inspection.

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

#### Regulation 20 – Facilities for rest and play

*(1) Subject to this regulation, a registered provider shall ensure that-*

*(a) having regard to the number of pre-school children attending the service, their respective ages and the amount of time they spend on the premises, there are adequate and suitable facilities for each child to play indoors and, where required by these Regulations, outdoors, during the day, and*

### Compliance Information

An enclosed outdoor area was located to the rear of the service. The service's outdoor play policy stated that outdoor play was an important part of the services daily curriculum. All of the children within the service were observed to engage in outdoor play throughout the inspection. The registered provider described the children's enjoyment of the outdoor area and how the children are provided with outdoor play as much as possible. The outdoor area was divided into four areas as follows;

- A sheltered area with wooden play kitchens was available to the children. This area was adjoining the service and could be accessed through the double doors in the hallway. On the day of inspection, the children from different groups were observed to engage in water play.
- Beside the play kitchens, there was an adjoining sheltered area for the children in the Baby room. The children had access to foam blocks and were provided with bubbles during the morning time. The older children of the group were observed to play with water in the wooden play kitchens.
- There were two areas within the main outdoor space. The area was divided by a metal fence with a gate. On the morning of inspection, the older and younger children were playing separately.
  - One area was known as the 'village area'. This area had wooden house at the back wall of the area which was named as the post-office with child sized doors and windows. There was two slides and a seating area. The area was covered with artificial grass.
  - The other area contained two wooden structures which were known as the police station and a garage with child sized doors and windows. Within this area, the children had access to play cars and scooters.

### Non-Compliance Information

1. The physical environment within the Baby, Toddler and Pre-Montessori room did not provide children with equipment or materials to challenge their thinking or create opportunities for play. The service's policy outlined that the physical environment was stimulating, challenging and interesting for children and focused on children's active engagement with stimulating equipment for the children. However, based on the number of children and their age and stage of development, there was insufficient equipment available within care rooms on the ground floor;
  - a. In the Baby room, the four children aged 1 to 2 years had access to one push-pull toy, box with music toys and a low-level chair. No other equipment was available or observed to be provided to the children while indoors. Within the room, there was an area which was sectioned off with low level plastic partitions which the children could not access. Within this area, there was soft matting, a blanket and a box of blocks.
  - b. The six children aged 2 to 3 years in the Toddler room had access to an abacus, two play kitchens with no supporting materials, tractors/cars, a mirror, a trainset, magnetic shapes and a farm house.
  - c. In the Pre-Montessori room, the children had access to a shelving unit with boxes containing books, variations of blocks, cars/trucks, magnetic shapes, a couch and a box with large blocks.

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

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

Over the Summer, the service will review the equipment and purchase as appropriate. The service will engage and work together with a quality mentoring service to put a plan in place. The service looked at the room layouts and will always display all the equipment at the children's level. Equipment is introduced during the morning and afternoon which includes sand, water and other activities such as music, dress up, story time props etc.

#### **Supporting documentation submitted**

Photographs and receipts to demonstrate equipment and materials were purchased. Photograph of the daily routine in place to include sensory play.

### Summary Comment

The requirement for Regulation 20 - Facilities for Rest and Play has been met and will be assessed on the next inspection.

### Part VI - Safety

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

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

#### Compliance Information

##### General Safety:

- The external doors and side gate in the outdoor play area were appropriately secured to prevent the children from exiting unsupervised and to restrict unauthorised persons from gaining access to the service.
- The service's designated emergency exits were unobstructed.
- Cleaning agents were stored safely out of the reach of children on high shelving and in locked cupboards.
- Foods, including grapes were appropriately cut for the children. This was reflective of the service's healthy eating policy and it reduces the risk of choking.
- Large play equipment was appropriately anchored and secured.

##### Infection Control:

- Liquid soap and paper hand towels were available at the wash hand basins throughout the service. This was reflective of the service's infection control policy.

##### Safe Sleep:

- Children under 2 years of age were provided with a standard cot for sleeping. Low level sleep beds were available for children over 2 years old.

#### Non-Compliance Information

##### General Safety:

1. An Immediate Action Notice was issued to the service on 14 April 2025 due to a potential immediate risk to the safety of the children while in the outdoor area. On the day of inspection, there were exposed metal nails on the door and window frames on the three wooden structures in the outdoor area. The metal nails were at a low level and within reach of the children as they played in the outdoor area. A response was received from the registered provider on 15 April 2025 detailing the actions taken to reduce the immediate risk posed to the children.
2. The service did not follow the procedures as outlined within their accident and incident policy. On review of the three accident and incident records available from April 2024, the following was noted;

- a. This service's accident and incident policy stated that parents/guardians would be asked to sign the accident /incident report and would receive a copy. On review, the records were not consistently signed by the child's parent and/or guardian. In discussion with the person in charge, it was confirmed that a copy of the record was not provided to parents/guardians for the three accidents and/or incidents.
  - b. The service's policy outlined that the accident and incident form should be fully completed with as much detail as possible. On review of the records, information relating to the specific time, specific location of the injury and details of the first aid provided was not provided.
  - c. The policy detailed that a risk assessment is completed following any accident or incident and that all accidents and incidents are be reviewed to effect change in practice, policy or procedure. Risk assessments were not available to detail the actions taken by the service following an accident and/or incident occurring.
3. There was evidence to demonstrate that play equipment was not used in line with manufacturer guidance. The service's accident and incident policy outlined that only suitable and age-appropriate materials and equipment are available to children. On review of accident and incident records, it was noted that an accident occurred with a child aged 1 with a large piece of play equipment in the outdoor area. The manufacturer guidelines stated that this equipment was for children aged 3 to 10 years. This practice posed an increased risk of serious injury to a child.
4. The kitchen door was unlocked and ajar throughout the inspection. This posed an increased risk of injury to a child as there was a boiled kettle on the countertop between 11.20am and 12.50pm and unlocked drawers with sharp utensils. It was noted that there was a lock on the door, however, it was not used.
5. In the outdoor area, the tile surfacing on the ground was uneven with gaps between the tiles. In discussion with staff members, the movement of these tiles was an ongoing issue. On the day of inspection, at 11am there were six children aged 3-6 years playing and using cars and scooters within the area. On request, a risk assessment was not available. The service's risk management policy outlined that where a risk is identified, control measures were put into place. Furthermore, the service's accident and incident policy outlined that a daily risk assessment was carried out of the outdoor area and a written record kept. This practice posed an

increased risk of injury as the trip hazard for a child and/or staff member was identified but not managed by the service.

6. At snack times and dinner times, the three children aged 1-2 years were not strapped into the highchair using the safety harness in place. This posed an increased risk of injury to a child.
7. 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. On review, seven Garda Vetting disclosures were dated over 3 years ago.

### Infection Control:

8. The handwashing practices were inconsistent and at variance of the service's infection control policy. It is noted that the children washed their hands before dinnertime however, handwashing was not observed on returning indoors from outdoor play, before snack time at 10am or after nappy changing. This practice was at variance of the service's infection control policy and it increased the risk of the spread of infection.
9. The bins in the care room and nappy changing area were not foot-operated or lidded. The services infection control policy outlined that foot operated pedal bins were used for disposal of used/soiled tissues. However, an open bin was observed within the pre-Montessori room with used tissues. This posed a risk of the spread of infection.

The nappy changing bin in place was at variance of the Early Years Inspectorate Regulatory notice issued in 2022 which required disposable nappies to be disposed of in a foot-operated, lined, lidded bin that is leak proof, sealable and easy to clean.

10. The nappy changing facilities and practices posed risks of cross contamination. The following was in place;
  - a. The nappy changing practices observed were at variance of the service's infection control policy. Staff members were observed to carry out nappy changes with the absence of single use disposable aprons, gloves, cleaning of nappy changing area between each nappy change and handwashing. These practices were at variance of the service's infection control procedures outlined and the procedure on display within the nappy changing area. This posed a risk of the spread of infection.

- b. The nappy changing unit was in need of repair. The wood surfacing on the steps used by the children and the nappy changing unit was exposed and therefore could not be effectively cleaned. This posed a risk of the spread of infection.
- c. The service infection control policy stated that nappy changing mats are in good repair with no breaks and tears. The nappy changing mat was observed to be visibly torn. This posed a risk of the spread of infection.

### Administration of Medication:

11. The service's administration of medication policy outlined that where medical conditions exist for a child, the service will develop individual medical care plans which will include management in the event of an emergency relating to the condition. It outlined that written consent is obtained from the child's parent/guardian and that the medication is stored in a locked cabinet in the utility room.
- a. On the day of inspection, it was confirmed that staff members were not aware of a child's emergency medical requirements.
  - b. The service did not have a care plan in place for the child to detail the procedures to follow in the event of an emergency. It is acknowledged that the service contacted the child's parents/guardians and developed a care plan on 15 April 2025.
  - c. Written consent from the child's parents/guardian permit staff to administer the medication was not in place.
  - d. The registered provider did not ensure safe storage of medicine as the emergency medication was stored in the child's bag in the hallway and was accessible to other children.

### Safe Sleep:

12. The service's sleep checks were at variance with the service's safe sleep policy. The policy outlined that lighting in the sleep rooms is reduced but only to a level where the staff can still conduct direct visual checks. The policy described the service's approach to sleep checks which included a sound monitor and physical checks by entering the sleep room every 10 minutes. The following was observed;

- a. On the day of inspection, the sleep room was darkened and the breathing, position or pallor of the three sleeping children aged 1 -3 years could not be clearly seen.
- b. There was a variance with the sleep checks observed by the Inspector. Sleep checks were carried in two different forms; from the glass pane of the door of the sleep room and by physically entering the sleep room. A sound monitor was not in place on the day of inspection.
  - At 1pm, there were two cots with sleeping children located at the door. These children were not visible from the glass pane due to the darkness of the room.
  - On entering the sleep room, the room was too dark to observe the breathing or pallor of the children.

13. The sheets on four of the cot mattresses were too big and there was excess material. This posed a risk of injury to a child.

14. Two of the mattress protectors were visibly stained and one mattress did not have a protector on it. This was at variance with the service's safe sleep policy which outlined that the mattresses are clean, in good condition with a waterproof cover. The policy also outlined that the cot mattresses are checked regularly inspected for signs of damage and are replaced immediately.

15. The sleep records were not completed on 10-minute intervals from 1pm as children slept. The following was noted at 1.20pm;

- a. A sleep record was not initiated for one child who was aged 1 to 2 years.
- b. A sleep record was available however, not completed for one child aged 1 to 2 years.

The above practices were at variance with the service's safe sleep policy which outlined that when children fall asleep, a written check is completed every 10 minutes.

16. The service's safe sleep policy stated that a thermometer was kept in the sleep room. While it is acknowledged that a thermometer was available, it was located outside the door of the sleep room. The inspector advised the staff member to place the thermometer into the room and the sleep room temperature was recorded.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

##### General Safety:

1. The registered provider responded to the Immediate Action Notice on 15 April 2025 stating that all exposed nails were removed for repair or replacement.
2. The service will record accidents and/or incidents at a higher standard. Since the inspection, the service ordered a new accident and incident record book. Staff have reviewed accident and incident policy.
3. The child was playing on a wooden slide which is for ages 18+ months. It is an indoor slide but the service moved it outdoors during the good weather. The child wasn't underage and was supervised. Going forward, the service will always check that equipment is suitable for age of the child.
4. The kitchen door will be kept closed. Staff were informed of the importance of this. There will be regular monitoring from management to ensure the kitchen door is closed and locked.
5. The outdoor tiles with gaps were fixed and screwed down. A daily risk assessment will be documented and signed by staff member.
6. Staff members were made aware to use the straps on the high chairs and provided assurances that the straps will be used. The service will monitor this.
7. Vetting has been applied for and the registered provider will ensure that vetting is kept up to date.

##### Infection Control:

8. Staff members and children's hands will be washed after every nappy change and all areas will be wiped down. Aprons have been ordered and are in place. There are a variety of glove sizes available.
9. The bins in rooms have been replaced by pedal bins. The nappy bin with pedal will be ordered, the service are waiting on new nappy bin.
10. The following actions were submitted;
  - a. The staff member was embarrassed to ask for different size gloves while under inspection, this has been addressed. Aprons have been ordered and are in place. There is a variety of glove sizes available.
  - b. The nappy changing unit has been repaired and nappy changing mat has been replaced.
  - c. All staff have been briefed on the importance of infection control. Proper PPE must be always worn and gloves must be worn for nappy changes. Hands must be washed after every nappy change (staff and children). Aprons will be provided in the sanitary area.

There will be a daily risk assessment completed and it will be reported to management if there are any health and safety issues.

### Administration of Medication:

11. The following actions were submitted by the registered provider;
- a. Staff will review administration of medication policy. The service have staff policies and procedures, staff handbook and parent handbook available and full day care policies and procedures in place. The registered provider will ensure these are updated accordingly.
  - b. A care plan has been put in place for this child. The registered provider is the named person for the development of care plans within the service.
  - c. The service will review children's files when they are moving rooms to ensure the correct details are in place for each child.
  - d. The child's medication has been removed from their bag and is stored up high in their care room for easy access and can be moved easily for outdoors etc. All details are clearly marked on the bag.

### Safe Sleep:

12. The manager of the service will monitor the downstairs area regarding sleep, safe sleep policy, health & safety, infection control as part of daily routine;
- a. The curtain will be left open slightly to ensure there is additional light in the sleep room.
  - b. There is a monitor in place and staff will enter the room every 10 mins and document.
- This is part of the safe sleep policy and staff have been informed of the importance of document.

13&14. The cot bed sheets have been replaced and mattresses addressed. Sheets/mattresses will be regularly checked and replaced as required. Sheets/mattresses were replaced.

15. 10-minute checks are carried out. This is part of the policy and staff have been informed of the importance of document.
16. The thermometer is in the sleep room and the temperature is recorded as required 10-minute checks are carried out.

## Supporting documentation submitted

### **General Safety:**

Photographs were submitted of works carried out on the wooden house structures in the outdoor area on 15 April 2025. Photograph of an accident and incident record book. Photographs of works completed on the tile flooring outdoors was submitted on 15 April 2025 and 20 June 2025. Email confirmation from 02 July 2025 that the Garda Vetting application was received. Copy of a completed risk assessment.

### **Infection Control:**

Photographs of gloves for nappy changing and new nappy changing mat. Photograph to demonstrate the works carried out on the nappy changing unit. Receipt for purchase of single-use aprons and photographs of plastic gloves. Displays to request gloves are worn for nappy changing and photographs of handwashing procedures.

### **Administration of Medication:**

Copy of a care plan was submitted on 15 April 2025. Photograph of an administration of medication record book.

### **Safe Sleep:**

Copy of a staff meeting minutes

## Summary Comment

The requirement for Regulation 23 Safeguarding health, safety and welfare of child has been met and will be assessed on the next inspection.

## Part VI - Safety

### Regulation 25 - First aid

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

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

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

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

## Compliance Information

(1) A person trained in first aid including first aid responder (FAR) training was immediately available to the children attending the pre-school service as evidenced through discussion with the staff, the in-date FAR certification provided for inspection and a review of the staff rosters.

(2)(a)(b) The first aid box was suitably equipped and safely stored in readily accessible positions on the premises, out of the reach of children.