

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015MH020		
<b>Name of Service:</b>	Bumblebee Daycare		
<b>Address of Service:</b>	Racehill Manor, Ashbourne, Co. Meath		
<b>Eircode:</b>	A84 WE27		
<b>Name of Registered Provider:</b>	Ciara Kavanagh		
<b>Service type:</b>	Full Day		
<b>Date of Inspection:</b>	01/10/2025		
<b>No of pre-school children:</b>	AM	33	PM 25
<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, 181-189 Lakeshore Drive, Airside Business Park, Swords, Co. Dublin K67 Y5C6.		
<b>Inspection undertaken by:</b>	AM Coyle & Y Kelly		
<b>Title:</b>	Early Years Inspectors		
<b>Authority to Inspect</b>			
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.		

### Description of service

Bumblebee Daycare is a privately owned service based in Ashbourne Co. Meath. The service is registered to provide sessional, part-time and full-day care to children aged 0-6 years old. The service is located in a purpose built two-storey building with the Baby, Wobbler and Toddler room located on the ground floor, and the preschool rooms namely the Sunroom and the Moon room located on the first floor. The service has a dedicated cot room and sleep room on the ground floor. A service kitchen with an adjacent dining room is located on the ground floor, an enclosed outdoor area is located to the side of the service. A registered school-age service in operation on the premises.

### Staffing

The service employs 15 staff members including the registered provider, an administrator and 2 relief staff members. The registered provider is present in the service on a daily basis, twelve staff members including the registered provider and the 2 relief staff members work directly with the early year's children, one staff member works with the school aged children and participates in cleaning duties, and a cook who also works with the school aged children.

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

The inspection focused on an examination of compliance under regulations 9,10, 11,16,19,23,25,27,29 and 32.

A sampling process was used to assess compliance under regulation 16 (1)(k)– Record in relation to pre-school service.

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 unannounced inspection was conducted following receipt of information to Tusla Early Years inspectorate.

## Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, 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.

(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 service had a designated person in charge and a named person to deputise as required.

(b) The registered provider was the designated person in charge when the inspectors arrived unannounced on the day of inspection and remained present on the premises for the duration of the inspection.

(c) A management structure was in place, which was identifiable through review of the staff roster, and through discussion with the staff team.

(2) Following the last inspection on 15th April 2025, a review of the staff roster and staff attendance on the day of inspection demonstrated that one new staff member was working in the service. The file for this staff member was reviewed along with the Garda vetting disclosures for the 14 staff member working at the last inspection.

(2)(a) One validated written reference was available from a past employer.

(b) One validated written reference were available from a source other than a previous employer.

(c) A Garda vetting disclosure was available for the one new staff member. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years for the remaining 14 staff members.

(d) A review of the documentation concerning the staff member employment history demonstrated that police vetting was not required.

(4) Documentary evidence was available to confirm that 11 staff members which including the new staff member employed to work with children held an appropriate childcare qualification at Level 5 or above on the National Framework of Qualifications, or a qualification deemed by the Minister to be equivalent.

### Non-Compliance Information

(7)(a)

1. It was not evident in the documentation reviewed by the inspectors that the registered provider had ensured that all staff members were provided with relevant information and training when commencing employment in the service in relation to the service policies and procedures. This was evidenced by the absence of induction records for staff members. There was no documentary evidence available to confirm that staff members undertook an induction process and were familiar with the services policies and procedures.
2. The service's support and supervision policy was not adhered to in respect of the provision of regular formal appraisal for all staff members in the service. Staff supervision records were not provided for inspection and the inspectors were informed by staff members that that a system was not in place for staff members to receive regular support and supervision in the service. The staff support and supervision policy stated that all staff members must have access to bi-monthly supervision to ensure the quality of service to children and families, and that staff appraisals would take place at the end of each staff

members probationary period and on a yearly basis from the date they began their employment thereafter. The registered provider confirmed that formal staff supervision or staff appraisals are not conducted in the service.

In the event that staff members do not receive appropriate supervision, training and information, this poses a potential risk to the children attending the service due to inappropriate, inconsistent or unsafe care practices.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective Action

(7) (a)

1. Going forward, all staff will receive the relevant training and information before commencing employment with the service. An Employee Induction checklist has been implemented, which outlines all the key details and requirements needed to begin employment within the organisation. All completed documentation will be stored in the individual staff folder and retained on file for the duration of employment.
2. New staff supervision form was submitted and this will be used for reviews going forward. This will be rolled out with all staff before the end of 2025 and will continue into 2026.

### Preventive Action

1. This will be used going forward to prevent any misunderstandings, it will be part of their new policies to work in the service.
2. This will be completed throughout the year.

### Supporting documentation submitted

Copy of employee induction checklist.  
Staff induction policy.  
Staff training policy.  
Recruitment policy.  
Supervision records  
Copy of completed staff supervision records.

### Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 9 – Management and recruitment has been adequately addressed.

## Part III – Management and Staff

### Regulation 10 - Policies, procedures etc. of pre-school service

*A registered provider of a pre-school service shall ensure that the written policies, procedures and statements specified in Schedule 5 are in place for the service.*

#### Compliance Information

The following policies relevant to this inspection were requested and reviewed.

Behaviour Management policy.

#### Non-Compliance Information

1. A **Staff Induction** policy was not available in the service.
2. The following policies were reviewed and did not meet the requirements of schedule 5:

The **Recruitment policy** did not include the following core elements:

- The availability of a job description.
- Terms and conditions of employment.
- The application and interview process.
- The procedures for obtaining Garda vetting.
- The requirement for potential staff to have police vetting available if applicable.
- The qualification requirement for staff members.
- The process for checking and verifying staff references.
- The process for confirming a staff member's identity.
- The procedures for managing vetting disclosures.
- The details of the probationary period of the post.
- The availability of a contract of employment.
- How records relating to the recruitment process for each individual are stored and a timeframe for the storage of recruitment documentation.

The **Staff Training policy** did not include the following core elements:

- How staff training needs are identified and addressed.
- The training resources that are provided in the service.

- The availability of ongoing training and professional development.
- The details of the staff training records kept in the service.

The **Complaints policy** did not include the following core elements:

- The procedure for making a complaint to the service
- That complaints are treated in a confidential manner.
- How complaints are investigated.
- The progress of the complaint and how the complainant is kept informed of the progress of the complaint.
- Provide a timeline for dealing with the complaint.
- How a complaint that is not within the scope of the service is dealt with.
- How Child safeguarding concerns are managed in line with the service's child protection policy.
- The process for closing the complaint.
- The requirement to maintain accurate and detailed records of how each complaint is kept & how complaints are stored.
- The role of Tusla in the complaints process.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective Action

1. As part of their new induction policy, all staff will be given an induction checklist and this will be held on file.
2. A revised recruitment, staff training and complaints policy policies were submitted.

### Preventive Action

1. This will be used for all staff before they begin working and all files keep with the staff book.
2. Policies will be adhered to when recruiting staff.

### Supporting documentation submitted

Copy of the following policies:

Staff Induction policy

Recruitment policy

Staff training policy

Complaints policy

### Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 10 - Policies, procedures etc. of pre-school service 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) On the day of inspection there was an adequate number of adults working directly with the children attending the pre-school service.

(2) On the inspectors' unannounced arrival, the adult child ratio was observed to be correct and remained so throughout the inspection. The following adult-to-child ratios were observed:

- In the Baby room there were 2 staff members with 5 children aged between 1 year 3 months to 2 years 3 months old. Children from the Wobbler room were in the Baby room as the Wobbler room was closed on the day of the inspection.
- The Wobbler room was closed on the day of inspection.
- In the Toddler room there was 1 staff member with 5 children aged between 2 years 5 months to 2 years and 8 months old.
- In the Sunroom there was 3 staff members with 17 children aged between 2 years 10 months to 3 years 8 months old.
- In The Moon room there was 1 staff member with 6 children aged between 3 years 10 months to 4 years old 7 months.

(8)(a) The registered provider ensured that 2 adults were present on the premises at all times, verified by staff rosters and staff attendance records maintained at the service.

## 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;

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

#### Compliance Information

(1)(h) Details of children’s attendance including arrival and departure times were recorded in attendance registers in each care room.

#### Non-Compliance Information

(k) In the Moon room there were no entries in the room diary from 20/08/2025 to the 17/09/2025 and specifically on the 01/09/2025 and the 08/09/2025 when incidents occurred in the care room that were required to be shared with a child’s parent. Although a system of a room diary was in place in the preschool rooms on the first floor for staff to record and communicate incidents involving children to parents, the non-compliance demonstrates this was not always implemented.

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

##### Corrective Action

(k) Staff will be reminded the importance of communicating with parents at the end of each day. Diaries will be monitored by management regularly.

##### Preventive Action

(k) Diaries will be monitored regularly.

##### Supporting documentation submitted

Photograph of communication diaries.

## Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 16 – Record in relation to pre-school service has 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*
- (b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.*

## Compliance Information

(1)(a) The following examples demonstrate how each child's learning, development and well-being was facilitated within the daily life of the service:

### Basic needs:

- Food was prepared and cooked in the service on a daily basis, the children attending the Sun room, and Moon room had their dinner served in the dining room in the service. The children attending the Baby room and the Toddler room had their meals served in their care rooms. Mealtimes in the service were observed to be sociable and relaxed with staff providing support to children when needed.
- Nappy changing occurred at scheduled times throughout the inspection and more frequently as required. The children who were toilet trained were encouraged to use the toilet independently with support provided as needed.
- The children attending the Baby room and the Toddler room on the day of inspection were placed to sleep in either of the 2 sleep rooms on the ground floor of the service in the service after their dinner. Comfortable rest areas were provided throughout the care rooms for the children to take a break from activities as they chose throughout the day.
- The children throughout the service enjoyed time in the outdoor play area on the day of inspection.

### Supporting relationships:

- In all the care rooms in the service staff members were observed to be warm, caring and sensitive in their interactions with children, in turn the children appeared to be comfortable and familiar with staff members and within their environment. The children sought staff out for comfort or support as they required it.
- The staff members in the Baby room maintain a record in children's diary books regarding the children's eating, sleeping, toileting and activities throughout the day which they share with parents on a daily basis. Staff members throughout the service were observed interacting with parents at drop off and collection providing verbal updates on their children's daily progress. The staff members in the Sun room informed the inspector that a monthly newsletter is provided for parents to inform them of activities and events that have happened in the care room.
- Staff members in the Sunroom were observed to work well together and supported each other in the care of the children, modelling positive ways of interacting with each other and the children. Staff members updated each other on the children's care throughout the day which ensured the children's care needs were met in a timely manner.

### Non-Compliance Information

(1)(b)

1. The staff members in the Baby room did not follow consistent care practices in line with service policy. This was observed on the day of inspection when one staff member said to a child "I will have to sit you on a chair". When the inspector asked about this practice, the staff member said that time out is used as a way of managing children's behaviour. The staff member said that they sit the child on a chair for a minute and talk to the child about their behaviour. The second staff member who was present in the care room stated that this care practice was not conducted in the service. Although the child was not placed in 'time out' this practice is considered inappropriate and was not in keeping with the services' Promoting Positive Behaviour policy'. Inconsistency of practice can also lead to inappropriate care practices.

(1)(a)

### Physical and material environment:

2. At dinner time in the baby room, 2 children in highchairs were placed in a position sitting at the wall away from a group of 3 children that were sitting together at the table. This did not support social interactions or belonging as part of the group at mealtimes.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective Action

(1)(b)

1. Manager held a staff meeting and staff have been reminded about promoting positive behaviour. All staff have been reminded to read their positive behaviour policy and to ask for help when needed. Copy of staff meetings has been submitted. They have engaged the services of the Quality Development (QD) programme and this part of their ground floor supervision for babies.

(1)(a)

#### **Physical and material environment:**

2. Staff have re arranged the room to ensure that all children have a positive approach to eating and for the staff to ensure that they include all children during mealtimes, to make it a social event and children feel they belong to the group.

### Preventive Action

(1)(b)

1. Support and Supervision for staff has been given. All staff have been reminded about the policy for positive behaviour and to ask for help when needed. In the near future, they will receive training from the QD mentor.

(1)(a)

#### **Physical and material environment:**

2. This will be monitored going forwards and all staff will be reminded to support all children during mealtimes, to ensure that they are inclusive.

### Supporting documentation submitted

Minutes from staff meeting.

## Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 19 - Health, welfare and development of child has 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

The following are examples of the measures undertaken by the staff members to safeguard the health, safety and welfare of the pre-school children attending the service:

##### Child Safeguarding:

- There was evidence available in the service that 2 of the 15 staff members employed had in date training certificates available for Children First training programme.

##### General Safety:

- The entrance door leading into the service was appropriately secured. Doorbells were provided at the main entrance door leading into the service, allowing parents and visitors to notify staff members of their arrival, in order to facilitate entry to the premises if appropriate.
- The kitchen was inaccessible to the children.
- Cleaning agents were stored safely out of the reach of children.

##### Infection Control:

- There was a lined, lidded, and pedal-operated bin in the sanitary accommodation where nappy changing took place.
- Individual labelled containers were provided for the storage of children's soothers. Soothers are cleaned in a sterilising unit and kept in separate containers labelled with children's names.
- Tables were observed to be appropriately cleaned before and following meals and snacks.

##### Safe Sleep:

- Sleep check records were available for review for all sleeping children, which were recorded every 10 mins and detailed the child's skin colour, breathing pattern and sleeping position.
- The sleep room temperatures were maintained in line with safe sleep guidelines for the age of children in each sleep room on the day of inspection.
- Sleeping children were observed to be supervised during the inspection.

##### Fire Safety:

- Fire drills were carried out on a monthly basis, which was demonstrated by records available for review.

#### Non-Compliance Information

### Child Safeguarding:

1. Documentary evidence was not available to confirm that 13 of the 15 staff members in the service had in date training certificates available for Children First training programme. Furthermore, when questioned 5 of the staff present on the day of inspection were unable to name the designated liaison person for child protection in the service. This could result in the services reporting procedures for Child welfare and protection concerns not being followed correctly and promptly.

### Infection Control:

2. Handwashing practices were observed to be poor and not in-line with the service policies and procedures, increasing the likelihood of cross contamination The following was observed on the day of inspection:
  - Two children attending the Baby Room did not have their hands washed following nappy changing. Children's hands were not washed before dinner time in the Baby Room.
  - Children's hands and faces were cleaned with wipes rather than warm running water.
  - Handwashing was not carried out by staff after changing two children's nappies. Handwashing was not carried out after nappy changing and serving up children's dinner. Staff did not wash hands after cleaning a child's nose and wiping another child's face.
  - Thermostatically controlled warm water was not available for hand washing at the wash hand basins in the sanitary accommodation in the Sunroom and the Boys toilet. The water in both the hot taps and the cold taps felt cold to touch. Cold water does not support pre-school children to effectively wash their hands.
  - The paper towels at the sink in the sunroom on the first floor which was used by the children to wash their hands was not hygienically dispensed. The roll of paper towel was stored adjacent to the sink and subject to repeat handling.
3. In both the Sunroom and the Moon room children's snacks provided by the parents, some of which contained meat and dairy produce, were stored in the children's school bags at room temperature on the day of inspection. This increased the risk of bacteria multiplying in the perishable food items.

### Fire Safety:

4. Children's play materials were stored at the top of the stairs adjacent to the Moon room which lead directly to the fire exit on the ground floor. This could potentially impede staff and children's exit from the service in the event of an emergency.

## Action submitted by the Registered Provider

### Corrective Action

#### Child Safeguarding:

1. Staff have undertaken the e-Learning Safeguarding training. Child safeguarding will be brought up at staff meetings, their policies and procedures folder has been circulating around each staff member and will be signed of. Notice board in office has evidence of who the child protection officer is.

#### Infection Control:

2. Hand washing has been discussed at their recent staff meeting. All staff have been reminded of the importance of hand washing, Baby room staff have been notified of washing all children hands after nappy changes and the use of gloves for every change, washing hands after wiping noses. The importance of not using the same tissue on two children, or face towel. This has been discussed at their staff meeting. The plumber has been called and has serviced the water system; hot water is running now in both the sunroom and boys' toilets. They now have a paper dispenser to dispense blue rolls for drying hands.
3. They have spoken to parents about snack time and the importance of sending in nonperishables snack items for snack time. Their kitchen will now supply dairy products for children attending, and for children who have a special diet. They will accommodate this in their kitchen fridges. In the new year 2026 they will provide all snack items for children attending ECCE classes going forward.

#### Fire Safety:

4. Items have been removed from the fire exit, and this will be kept free of clutter going forward.

### Preventive Action

#### Child Safeguarding:

1. Policies and procedures folder will be made available for all staff to have access to, to ensure that policies are followed.

#### Infection Control:

2. Staff will be given reminders weekly about the importance of washing hands and signs have been erected to remind children and staff about the importance of washing hands. Staff have been reminded to refill soap and tissues, and toilet rolls as required, they do have a daily inspection each morning.
3. This will be monitored for the time being by the staff and for 2026 they will implement a new policy for snack being brought to the creche, parents will be reminded about bringing dairy and meat snack items to the creche and to inform the staff upon arrival.

### Fire Safety:

4. Stairwell will be monitored to prevent any clutter being placed in the stairwell.

### Supporting documentation submitted

Documentary evidence that staff have undertaken child safeguarding training.

Photograph of signage in service identifying the DLP.

Invoice for work undertaken by plumber.

Photograph of signage reminding promoting hand washing.

Photograph of hand towel dispensers on wall.

### Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 23 - Safeguarding health, safety and welfare of child has been adequately addressed.

## 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

(2)(a) &(b) Suitably equipped first aid boxes were available on the premises, and these were stored in accessible and conspicuous locations out of the reach of children.

### Non-Compliance Information

- (1) Following review of staff files and the staff roster, it was evident that the registered provider did not ensure that there was a member of staff trained in First Aid Response (FAR) on the premises at all times. One member of staff held an in date FAR training certificate only. It is acknowledged that all other staff members had valid training in paediatric first aid.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective Action

(1) Copy of FAR course booked. Course will be completed on the 11 December 2025.

### Preventive Action

(1) Course will be updated as required.

### Supporting documentation submitted

Documentary evidence that 2 staff members have enrolled in First Aid Responder training.

### Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 25 - First aid has been adequately addressed. This will be reviewed at the next inspection.

## Part VI – Safety

### Regulation 27 – Supervision

*A registered provider shall ensure that pre-school children attending the service are supervised at all times.*

### Compliance Information

The inspectors observed the staff members appropriately supervising the children both indoors and outdoors on the day of the inspection.

## Part VII - Premises and Space Requirements

### Regulation 29 - Premises

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

*(b) safe and secure,*

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

### Compliance Information

(b) The door leading into the service was appropriately secured to prevent the children from exiting unsupervised and to restrict unauthorised persons from gaining access to the premises.

## Non-Compliance Information

(d) The registered provider did not ensure the premises of the service are cleaned, maintained and repaired, as required

A thick accumulation of dust was present in the extractor fan in the boy's toilet.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective Action

(d)

The vent has been cleaned and will now become part of the daily cleaning schedule.

### Preventive Action

(d)

Vents are now added to the daily cleaning schedules.

### Supporting documentation submitted

Photographic evidence of vent.

## Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 29 - Premises has been adequately addressed.

## 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.

## Compliance Information

(1)(a) The service had a complaints policy in place which detailed the services procedure that a person should follow in order to make a complaint in relation to the service.

## Non-Compliance Information

- (1)(b) The process of making a complaint was not outlined in the complaints policy, furthermore, the details of how the complaint would be dealt with by the service was not documented in the policy.
- (c) The complaints policy did not detail how the complainant would be kept informed of the complaints procedure.
- (2)(a) A record in writing was not available of a recent complaint that was made to the service.
- (b) The complaints policy stated that complaints would be recorded, this had not occurred following a recent complaint that was made to the service.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective Action

- (1)(b) New complaints policy was created which details how they will be managed going forward.
- (c) New complaints policy which details how complainant will be kept informed of complaints.
- (2) (a) Going forwards all complaint will be recorded in writing and kept on file.
- (b) As part of their new Complaints Policy all complaints will be recorded going forward.

### Preventive Action

- (1)(b) Policy will be adhered too.
- (c) Policy will be adhered too.
- (2) (a) Complaints Policy will be adhered too.
- (b) Complaints Policy will be adhered too.

### Supporting documentation submitted

Copy of service complaints policy

## Summary Comment

The inspectors have reviewed the actions and evidence submitted. The non-compliance identified under regulation 32 – Complaints has been adequately addressed.