

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015SO064		
<b>Name of Service:</b>	Toadstool Cottage		
<b>Address of Service:</b>	Ballyrush, Co. Sligo		
<b>Eircode:</b>	F52 D402		
<b>Name of Registered Provider:</b>	Michael Murphy		
<b>Service type:</b>	Full Day, Part Time, Sessional		
<b>Date of Inspection:</b>	04/11/2025		
<b>No of pre-school children:</b>	AM	40	PM 16
<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, TUSLA Child & Family Agency, Markievicz House, Barrack St, Sligo, F91 XC84		
<b>Inspection undertaken by:</b>	S Killeen		
<b>Title:</b>	Early Years Inspector		
<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

Toadstool Cottage is a community run full day care early years' service, which was established in February 2008, in a rural setting a few kilometres from Castlebaldwin village. The service is registered to cater for a maximum of 43 preschool children, ranging from 0 to 6 years of age. The service is registered to operate 5 days a week and between the times of. 08:00am to 17:30 Monday to Thursday and 08:00am to 16:30 Friday. The service operates from a converted and adapted domestic house rural. There are five playroom and an outdoor area easily accessible from the playrooms for the children, The outdoor area is a spacious fully contained area, with direct access of the Preschool rooms, and a short distance from the younger children's rooms.

### Staffing

There is a total of 14 adults employed within the service. 11 of these adults work directly with the children, along with two chefs and cleaning staff. The manager is the person in charge. All staff who work directly with children hold the required minimum level 5 or equivalent on the National Framework of Qualifications or 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/ 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 9,11,16 (i) (j)k)19,23,25, and 26. These findings are outlined within the relevant regulation 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 on 04<sup>th</sup> November 2025 under regulation 23 Safeguarding health, safety and welfare of children due to unsecure blind cords accessible to the children that was accessible to the preschool children. See related regulation for further information.

## Acknowledgments

The inspector wishes 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

(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.

#### Compliance Information

(1)

The registered provider ensured that.

- (a) There was a designated person in charge and a named adult to deputise in their absence.
- (b) The designated person in charge was available on the premises throughout the period of inspection.
- (c) There was 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.

(2)

On the day of inspection, ten adults and one transition year student were present, the person in charge and deputy person in charge, six adults who were employed to work directly with the children, one adult in the kitchen and a transition years student on placement.

The following vetting information was available for 14 adults:

- (a) 26 written validated references from past employers for 14 of the adults.
- (b) 2 written validated references from reputable sources for 2 of the adults.
- (c) Garda vetting disclosures had been obtained for 14 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) Police vetting from the police authorities in another state was available for 3 adults who had lived outside the state for a period of six consecutive months or more.

(4)  
Eleven of the adult files reviewed, evidenced they held a major award at level 5 or above in early childhood care and education on the national qualification framework, or qualifications deemed by the Department of Children, Disability and Equality (DCDE) to meet the regulatory requirement.

## Part III – Management and Staff

### Regulation 11 - Staffing levels

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

### Compliance Information

- (1)  
On the day of inspection, there was an adequate number of adults working directly with the preschool children attending the service.
- (2)  
The minimum ratio of adults to children was maintained at all times throughout unannounced inspection considering the ages of the children and the length of time each child spent in the service as outlined below:  
On the morning of the inspection the following child to adult ratio was observed.

- Adventures room 1 : one adult caring for 7 children ranging from 3-4years.
- Adventures room 2: two adults caring for 9 children ranging in ages from 2-4 years.
- Navigators room: two adults caring for 3 children ranging from 1-2 years
- Discovers room: One adult caring for 4 children ranging in ages from 2-3years
- Exploers room: One adult caring for 11 children ranging in ages from 2 years 8 months-3 years.

On the afternoon of the inspection the following child to adult ratio was observed.

- Adventures room 1 : One adult caring for 6 children ranging from 3-4years.
- Adventures room 2: Closed
- Navigators room : One adults caring for 4 children ranging from 1-2 years
- Discovers room: One adult caring for 1children ranging in ages from 2-3years
- Exploers room: One adult caring for 5 children ranging in ages from 2 years 8 months-3 years.

## 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:*

- (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

- (1)
- (i) The service had a roster in place to include the start and finish times of the adults employed to work directly with the preschool children. Additional floating staff members were rostered to ensure all staff received their breaks throughout the day.
  - (j) Medication administration records were available for the preschool children with the necessary information in place including parental consent.

## Non-Compliance Information

(1) (k)

A sample of 13 accident and incidents records involving a pre-school child were reviewed for this regulation. The following information had been omitted from the forms.

- The signature of the parent was not present on two forms.
- The second name of the child Was not present on four forms.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

1. Accident records were reviewed, and any incomplete forms were followed up to ensure that required child information and parental signatures were obtained. Procedures for completing accident forms have been reinforced with staff to ensure all required sections, including child details and parental signatures, are completed in full at the time of the incident or collection. The person in charge will ensure that accident forms are fully completed with all relevant details recorded before signing off on the report. Any issues will be addressed immediately to support consistent practice.

### Supporting documentation submitted

1. The completed accident incident forms were submitted and Internal communication memo to staff re filling out– Accident Incident Forms submitted.

## Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 16 1 (k) 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 preschool service, having regard to the number of children attending the service and the nature of there needs.

### Compliance Information

- The service consists of five playrooms, four of which are purposefully structured with clearly defined interest areas—including construction, small-world play, and sensory tables—equipped with age-appropriate resources stored on low-level shelving to promote independent choice. For younger children in the discovers room, the environment focuses on physical development through soft matting and wall-mounted toys, while the explorers and adventurers rooms for older children emphasize fine motor activities and complex puzzles. Suitable rest facilities are integrated throughout, featuring child-sized sofas and floor mats .
- The outdoor area provided adequate surface for play with a mixture of artificial grass and concrete, supports energetic play through climbing frames, swings, tunnels, a seesaw, and various ride-on toys. Imaginative and sensory play are further enhanced by mud kitchens, number hopscotch and hula hoops allowing children to engage in role-play while experiencing the natural environment. To ensure daily access regardless of weather, a section of the outdoor space is roofed and children are provided with appropriate wet gear.
- The service actively promotes healthy eating practices, supporting both parent-provided snacks and service-supplied main meals. On the morning of the inspection at 10:29, children enjoyed a range of healthy snacks such as yogurts, wraps, and fresh fruit. The main meal was supplied by the service at 12:18, where children were observed eating mince, carrots, peas, potatoes, and gravy, followed by a afternoon snack of bananas and yogurt at 15:14.
- Mealtimes are social and unhurried, with staff engaging children in conversation to enhance interaction. Protective aprons are used for messy play, and staff demonstrate timely responsiveness to environmental hazards, such as the immediate management of spills, to ensure safety.
- The daily routine facilitates free movement, allowing children to move between interest areas during free play. Independence is encouraged appropriate to each child's developmental stage, including self-feeding, toileting, dressing, and tidying away after activities.
- Staff continuity ensures that children are cared for by familiar adults who are attentive, caring, and interact at the child's level. A strong sense of belonging and identity is fostered through the provision of individually named spaces for personal belongings, displays of children's artwork, and 'Family Wall' displays featuring photos of each child with their families.
- Children are enabled to engage positively with one another and are encouraged to be helpful, take turns, and share resources. Staff use positive guidance methods to support children in negotiating and resolving conflicts independently.

- Language and communication skills are supported through storytelling, music, and nursery rhymes, alongside a thematic curriculum—including topics such as "All About Me" and "My Family"—which provides opportunities for children to expand their vocabulary.
- Children are regularly praised and encouraged, helping them to remain confident and willing to communicate their ideas

### Non-Compliance Information

1. On the day of inspection, it was observed in the Navigators Room that the playroom lacked clearly defined interest areas and material's, which resulted in a lack of structure for the children's play and learning activities. Furthermore, many of the electronic and battery-operated toys were non-functional as they did not contain batteries. This led to visible frustration among the children as they competed for the limited number of working toys.
2. The transition to rest time in the navigators Room was not managed effectively to meet the children's needs. On the day of inspection, the routine required the sole staff member to prepare the sleep area while simultaneously supervising the group, which resulted in a period of inadequate oversight. During this transition, the environment became unsafe as children were observed tilting and pulling at wooden bed bases, creating a risk of injury that required the inspector to intervene.
3. Furniture in the Navigators Room was found to be unsuitable for the age and developmental stage of the children. Specifically, the tables and chairs provided were of an inappropriate height, preventing children from resting their feet flat on the floor. This lack of necessary postural support negatively impacts the children's comfort and physical development during mealtimes and tabletop activities.

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

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

1. An environment and resource check was introduced and implemented. The playroom was reviewed immediately, batteries were replaced, additional age-appropriate materials were introduced, and the room layout was reorganised to provide clearly defined areas of interest. The environment and resource Check is now completed on a regular basis to ensure resources remain in good working order and that adequate materials are available within each area of interest. The check includes a simple rating scale to identify where resources require review or replacement and provides space to document emerging interests, expansion of interest areas, introduction of new resources, and planned toy rotation. This supports a responsive, child-led learning environment in line with Aistear and Síolta. The environment and resource check is completed by the room lead, with management review. Actions identified are followed up and recorded as part of the service's continuous quality improvement process.

2. The transition process to rest time in the Navigator room was reviewed immediately to ensure children's safety during this period. Additional staffing support was deemed necessary to ensure children's safety during this process. Management support has been introduced during rest-time transition to ensure appropriate supervision and safe practice. The additional support in the Navigator room for sleep transition is now planned for as part of daily staff planning including the organisation of staff breaks to ensure adequate staffing. This ensures that additional oversight is planned and an integral consideration in to staff daily plans and considered allocation of staff duties and rest breaks.
3. New table and chairs has been purchased and introduced to the room. The furniture is lower in height and more appropriate for the age and stage of development of the children using the room. Chairs with side supports have been selected to promote children's safety, postural support and stability during seated activities. The suitability of furniture will continue to be considered as part of room set-up and reviewed in response to the changing needs of the children. This will be recorded during the environment and resource check with any issues identified addressed promptly to ensure continued appropriateness.

### **Supporting documentation submitted**

1. Photographic evidence of layout and interest areas in the navigator's room, environment resource checklist submitted.
2. Risk assessment for sleep room transition and risk assessment sleep transition follow Up submitted. Daily staff planning form submitted.
3. Photographic evidence of navigator room new furniture and environment and resource check list submitted.

### **Summary Comment**

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 19 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

##### General Safety:

- The main entrance was found to be secured on arrival preventing unauthorised access or exit from the premises.
- Materials were observed to be in a good state of repair.
- Warm running water was available for hand washing at a temperature below 43°C.
- The outdoor area was secured with tall wooden fencing and a bolted gate.
- Grapes were observed to be cut in half, reducing the risk of choking to the child.
- Waste was inaccessible to the preschool child.
- Headcounts were completed when transitioning from one area to another to ensure all children were present.
- All perishable items were stored in the fridge.

##### Infection Control:

- The materials and resources throughout the service were visually clean.
- Tables and highchairs were observed to be cleaned prior to and after mealtimes in both care rooms.
- Foot operated pedal bins were available within the service for safe disposal of waste.
- There was adequate handwashing facilities provided throughout the service with warm water, liquid soap and paper.
- Refrigerators were observed in pre-school room. Children's lunch boxes in all rooms inspected were stored in the fridge.
- Mechanical ventilation was in place in the sanitary accommodation as well as openable windows. The care rooms were well-ventilated with openable windows.
- Child friendly handwashing posters were placed beside the sinks.

##### Administration of Medication:

- The service had a medication administration policy in place and when interviewed, staff were knowledgeable of their responsibilities for the safe administration of medication.
- Temperature reducing medication was available in the service if a child presented with a high temperature and was stored safely in the storeroom out of reach of the children.

### Safe Sleep:

- Appropriate sleep equipment was used for children who required sleep. Children aged under 2 years old were provided with a cot while older children slept on low level beds.
- Sleeping children were physically monitored at 10-minute intervals.
- Staff were observed to record the colour, position and breathing pattern of the sleeping children.

### Fire Safety:

- Fire doors were unobstructed throughout the service.
- Fire evacuation procedures were clearly displayed in the care rooms.
- The fire assembly point was clearly displayed in the car park.

### Non-Compliance Information

#### General Safety:

1. An Immediate Action Notice was issued on 04<sup>th</sup> November 2025 for unsecure blind cord that was accessible to the preschool children in the discovers room. A response was received from the service on the 05<sup>th</sup> of November with photographic evidence of the unsecure blind cord removed.
2. Garda vetting was available for 1 staff member. However, this vetting disclosure was not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'.
3. The door of the kitchen with chemicals stored was not locked and children could potentially access the chemicals inside.
4. In the navigator's room Children had access to pest control monitoring point in unlocked presses, material for baking and sensory play was also stored in the press,
5. Plastic storage boxes in the navigator room for storing toys were observed to be broken with sharp edges which posed a risk to the preschool children.
6. There was an exposed pipe in the sanitary accommodation area between Explorers and discoveries room posing a potential risk to children if they fell against it. This was observed on last inspection, and a wooden protective cover was put over it, however this was not securely attached to it, and the pipe was accessible to the preschool children.
7. In the sanitary area of adventure room 1, it was observed that a wall mirror was missing, leaving sharp tiles which could cause injury to the children.

8. A number of wooden items that the preschool children had access to in the outdoor play area were found to be in poor condition, this included the picnic table, the wooden border surrounding the mud kitchen and a wooden bracket fixed to the wall. These items showed visible deterioration including splintered wood which can cause injury to the children. In addition, weeds were significantly overgrown and encroaching from the neighbouring field into the children play area at the mud kitchen.

### Infection Control:

9. A child-sized couch in adventure room 1 was torn with foam exposed. This damage prevented the surface from being cleaned or disinfected effectively, posing an infection control risk.
10. Handwashing and personal protective equipment (PPE) protocols were inadequate to prevent the spread of infection. Staff did not routinely wash children's hands following nappy changes. Additionally, staff were observed maintaining the same gloves and aprons throughout the entire process, including dressing the child and cleaning the changing area for the next child, rather than disposing of them and sanitizing between tasks.
11. It was observed that the walls behind the bins in the care rooms and sanitary areas were visibly dirty with a significant build-up of residue. As children have direct access to these spaces, this presents a risk of cross-contamination.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

#### General Safety:

1. The blind cord was secured on the day of the inspection. A risk assessment was carried out that we could not satisfactorily prevent the cord from coming loose again. As a result, we determined the safest course of action was to remove the cord from the blind. Blind safety checks were conducted in all other rooms. All other cords were secured with no visible deterioration of means of security mechanisms. Blind cord safety has been reinforced with the staff team and is monitored as part of daily risk assessment of care rooms with any issues addressed immediately to maintain a safe environment.
2. A review of staff vetting records was undertaken. Re-vetting had already been applied for and has since been obtained for the relevant staff member. Records have been updated accordingly. A vetting and re-vetting tracking system has been introduced to ensure all staff vetting is monitored and renewed within required timeframes. Responsibility for oversight has been assigned to management, with vetting status reviewed as part of on-going staff record checks. Staff vetting records are scheduled to be reviewed by management on a quarterly basis, with upcoming re-vetting requirements identified in advance to support timely completion and continued compliance.

3. An adult-height safety latch was installed on the kitchen door to prevent unauthorised access by children. Clear signage was also put in place to remind staff that the door must be secured when the kitchen is not in use. Procedures for securing the kitchen door have been reinforced with staff and clarified via internal communication memo to ensure consistent use of the safety latch. Signage remains in place as a visual prompt, and responsibility for checking that the door is secured has been clarified to support safe practice.
4. The cabinet was secured using child-safe press locks to prevent access by children. Sensory play materials are no longer stored in the press. A supply of additional child-safe press locks has been purchased and is kept on site to allow for prompt replacement if locks become damaged. Cabinet security is monitored through daily risk assessments any issues identified reported to management and addressed promptly to ensure on-going child safety.
5. Broken storage toy boxes were removed from use and replaced to ensure safe and appropriate storage of play materials Staff have been reminded to visually check the condition of storage boxes as part of daily risk assessments. Broken boxes are to be immediately removed. A supply of spare storage boxes is now kept on site to allow for prompt replacement should damage occur in order to maintain child safety.
6. The pipe boxing was re-secured to the wall using fixings to strengthen its security in place, eliminating access to the exposed pipe. A daily check of the pipe boxing has been added to the sanitary area risk assessment to ensure any loosening or deterioration of the seal is identified promptly and addressed before the boxing becomes loose again. Any issues identified are reported to management and addressed promptly to maintain a safe environment.
7. Tile edging was fitted to cover the exposed sharp edge and eliminate the risk of injury. The condition of this tile edging has been included and is monitored through daily sanitary area risk assessments. Any issues identified addressed promptly to maintain a safe environment. A surplus of this edging strip is available to facilitate prompt replacement if needed in order to prevent the tile becoming exposed again.
8. The damaged wooden equipment was removed from the garden immediately to eliminate any risk to children. Overgrown weeds were trimmed back to ensure the outdoor area was safe and accessible for children. A system of regular outdoor risk assessment has been implemented, with room leaders assigned a designated day to check the garden environment. Any risks identified are documented and reported to management for review and action. With issues addressed promptly to ensure children's safety. A hedge trimmer has been purchased to support prompt cutting back of future regrowth and prevent overgrowth.

Any regrowth or overgrowth identified will be documented and reported as part of the garden risk assessment process.

### Infection Control:

9. The torn areas of the couch were initially repaired using waterproof vinyl patches to restore a wipe able surface and enable appropriate cleaning. However, after the patches were in place for some time the edges began to lift which impeded through cleaning. As a result, the couch has been removed and a new one ordered. Soft furnishings within playrooms are now checked as part of daily risk assessments to ensure surfaces remain intact, wipeable and suitable for effective cleaning. Any damage identified will be addressed promptly to maintain appropriate hygiene standards.
10. The service identified that although staff were familiar with the policy, there was insufficient visual guidance at the point of practice and a lack of structured monitoring to consistently verify implementation of the nappy-changing procedure across all rooms and staff. To address the non-compliance, a step-by-step nappy-changing procedure poster has been developed and displayed at all nappy-changing stations to support consistent practice. All staff involved in nappy changing have been re-briefed on the procedure, with emphasis on infection control, supervision, and maintaining children's dignity. An internal communication memo circulated utilised to confirm staff understanding of and commitment to following the procedure. To ensure sustained compliance, an observation system has been implemented to monitor nappy-changing practice. Spot checks will be carried out on a regular and unannounced basis and reviewed by management to ensure sustained compliance, using a standardised observation form. Any issues identified will be addressed promptly through feedback, support, and additional training where required. Records of spot checks and actions taken will be retained as evidence of on-going management oversight and quality assurance. This area of non-compliance was also identified during the previous inspection. The service acknowledges that earlier actions were insufficient to fully embed consistent practice. The current measures strengthen governance through clear visual guidance, staff accountability, and structured management oversight.
11. The affected areas were initially cleaned; however, as this was not deemed sufficient, the walls were subsequently painted to restore an appropriate standard of cleanliness. A wipe-able protective wall coating has been applied behind bin areas to support effective cleaning and prevent future build-up, in line with manufacturer guidance for easy-clean, hygienic surfaces. Cleaning schedules have been updated to ensure these areas are included as part of routine environmental hygiene practices, and staff responsibilities have been clarified to support consistency.

## Supporting documentation submitted

### General Safety:

1. Photographic evidence of blind cord removed and daily risk assessments in Care Rooms and blind cord checks submitted.
2. Proof of Vetting Obtained and staff vetting tracking log submitted.
3. Photographic evidence of high reach lock on kitchen door and internal communication memo – re kitchen Door submitted.
4. Photographic evidence of cabinet in navigator room and daily indoor risk assessments submitted.
5. Proof of purchase new storage boxes and daily risk assessments – Indoor submitted.
6. Photographic evidence of pipe in sanitary area submitted along with daily risk assessment including Sanitary area.
7. Photographic evidence of tile edging secured and added to daily risk assessment with sanitary area included.
8. Photographic evidence of Garden and daily risk assessment, Outdoor Memo to staff re garden risk assessment and proof of purchase – hedge trimmer.

### Infection Control:

9. Photographic evidence of purchase of new couch in the adventurers Room and cleaning log. Daily Risk assessment of care rooms.
10. Nappy Changing Procedure Posters and internal communication memo submitted. Nappy changing Observation record submitted.
11. Photographic evidence of walls behind bins and daily cleaning logs submitted.

## Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 23 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

(1)  
The registered provider ensured that there was a person trained in First Aid Response (FAR) for children, available to the children at all times while attending the preschool service.

#### Non-Compliance Information

(2) (a)(b)  
While first aid boxes were securely stored and clearly identifiable in each care room, a review of the contents revealed that the majority of items were past their expiration dates. Due to this the first aid supplies were insufficient and unsuitable to meet the needs of the children in the event of an incident.

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

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

A stock take of all first aid supplies was undertaken ensuring that all required items set out by the Health and Safety Guidelines first aid checklist were present in each box. Any out-of-date materials were removed and replacements ordered and the boxes replenished. First aid supplies will be checked every month including supply expiry dates. A log of checks has been created and is in a visible place in the office to serve as a visual reminder. Routine checks will ensure the required level of supplies are maintained and replenished in a timely manner. This will also ensure that stock expiry dates are anticipated and replenishments ordered in good time.

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

First aid supply log and first aid box checklist submitted.

#### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 25 has been adequately addressed.

## 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) There was a record of the fire drills completed by the service available for inspection. The date of the last fire drill completed was recorded as being completed on 30<sup>th</sup> September.
  - (b) There was a record of the number type and maintenance of the firefighting equipment, the fire extinguishers were last serviced on 10<sup>th</sup> May 2025, and the fire alarms were last serviced on 15<sup>th</sup> July 2025 and a certificate for same was available for inspection.
- (4)
- There was a notice of the procedures to be followed in the event of fire shall be displayed in each of the care rooms.