

# Early Years Inspectorate Regulatory Report

## Pre School

<b>Tusla Identifier:</b>	TU2015WX041
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<b>Name of Service:</b>	Discoveryland Creche and Montessori
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<b>Address of Service:</b>	14 Newlands, Wexford, Co. Wexford
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<b>Eircode:</b>	Y35 C2YK
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<b>Name of Registered Provider:</b>	Ailish Lee
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<b>Service type:</b>	Full Day, Sessional
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<b>Day 1 of Inspection:</b>	29/04/2025
<b>Day 2 of Inspection:</b>	30/04/2025
<b>Date of Regulatory Enforcement Meeting</b>	07/07/2025

<b>No of pre-school children</b>	<b>Day 1</b>	<b>AM</b>	43	<b>PM</b>	36
	<b>Day 2</b>	<b>AM</b>	30	<b>PM</b>	27

<b>Address of the Early Years Inspectorate:</b>	Community Care Centre, HSE Buildings, Cork Road, Waterford City
<b>Inspection undertaken by:</b>	A. Bradshaw L. O'Connor
<b>Title:</b>	Early Years Inspectors

### Authority to Inspect

The Tusla Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

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

Discoveryland Creche and Montessori is registered to care for up to 46 children between 0 to 6 years of age. The service offers sessional and full-day care from 7:15 to 18:00, 5 days a week for 51 weeks of the year. It is based in a residential estate on the outskirts of Wexford town.

The building has four care rooms: the Baby room, the Juniors room, the Pre-Montessori room and the Early Childhood Care and Education (ECCE) room. There is a sleep room off the baby room. The office and staff facilities are in an adjacent building. The outdoor play area is at the rear of the building.

### Staffing

There were 10 staff employed at the time of inspection including the registered provider. A student was also present on placement on day one.

On day one, there were seven staff members and a student caring for the children. On day two, there were nine staff caring for the children. The manager was working directly with the children on both days. The registered provider was available in the service on both days.

### 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 following regulations were inspected:

Regulation 9 - Management and Recruitment;

Regulation 11- Staffing levels;

Regulation 15 - Records of a Pre-School Child;

Regulation 19 - Health, Welfare, and Development of the Child;

Regulation 20 – Facilities for Rest and Play;

Regulation 22- Food and Drink;

Regulation 23 - Safeguarding Health, Safety, and Welfare of the Child;

Regulation 30 - Minimum space requirements.

A sampling process was used to assess compliance under regulation 11, Staffing levels, regulation 15, Records of a Pre-School Child and regulation 16, Record in Relation to a 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

Two immediate action notices (IAN) were issued under regulation 23, Safeguarding Health, Safety and Welfare of child:

1. An immediate action notice was issued on 30<sup>th</sup> of April 2025 under regulation 23, Safeguarding Health, Safety and Welfare of child regarding safe management of allergies.

A response was submitted on 1<sup>st</sup> May 2025; however, this was inadequate to address the risks identified.

Three further responses were requested by inspectors as aspects of the risk remained unsatisfactorily addressed. A complete response was received on 15<sup>th</sup> May.

2. A second immediate action notice was issued on the 1<sup>st</sup> of May 2025 under regulation 23, Safeguarding Health, Safety and Welfare of child in relation to authorisation to collect and emergency contact details for children.

An adequate response was submitted in response to this notice on 2<sup>nd</sup> May 2025.

Repeat non-compliance was identified on this inspection under regulations 9, 11, 15, 19, 20, 22, 23 and 30. Previous corrective and preventive actions provided by the registered provider following inspection on 10<sup>th</sup> September 2024 had not been implemented in a manner that achieved sustained compliance. The overall governance of the service was inadequate to ensure the care, safety and welfare of children as demonstrated under regulations 9, 11, 15, 19, 20, 22, 23 and 30 within this report.

The registered provider was referred to the National Registration and Enforcement Panel (NREP) for consideration of escalatory action due to the persistent and significant nature of the non-compliance identified on inspection. A regulatory enforcement meeting was held on 7<sup>th</sup> July 2025 between representatives of the service and members of the panel. The service remains under consideration of the panel at the time of publication of this report.

### Acknowledgments

The inspectors wish to acknowledge the cooperation of the children, registered provider, person in charge, staff and student who were present on the days of the inspection.

### Part III – Management and Staff

#### Regulation 9 – Management and recruitment

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

- (a) the service has a designated person in charge and a named person who is able to deputise as required,*
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and*
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.*

*(2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-*

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,*
- (b) consideration of references from reputable sources in the case of a person who has no past employers,*
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and*
- (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.*

*(3) The procedures specified in paragraph (2) shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the pre-school service.*

*(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.*

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

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

### Compliance Information

(1)(a) The person in charge was present when the inspectors arrived unannounced at the service and this staff member was present for both days of the inspection. There was a named person identified to deputise in their absence.

The registered provider arrived at the service shortly after the commencement of the inspection on both days.

(c) The service had a staffing information policy which specified the roles and responsibilities of staff. This policy included detail on who is in charge in the setting. Staff were clear in discussion with inspectors about the management structure.

(2) Through discussion with staff, it was confirmed that four new staff members had been employed since the last inspection on the 10<sup>th</sup> of September 2024. A student was also present on placement. These files were reviewed.

(c) Garda vetting disclosures had been obtained and considered for all staff. However, the service did not adhere fully 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.

(d) The registered provider had determined that international police vetting was required for two adults, and records were available.

(4) Evidence was available on inspection to demonstrate that three of the four new staff 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

(1) Children's attendance, staff rosters and sign-in records were reviewed for the weeks of 7<sup>th</sup>, 14<sup>th</sup> and 21<sup>st</sup> of April 2025.

(b) It was not possible to determine whether the person in charge or their deputy was always present in the service. Records reviewed for the week of April 7<sup>th</sup> 2025, indicated that these staff were not present in the evenings until all children left the service. Records showed that children were present until 18:00, while the staff roster and sign out records denoted that staff left the service at 17:30.

(2) On review of the four files for staff members the following non-compliance was identified.

(a)and(b)

- Three written and validated references were not available for review in relation to two adults.
- There was no evidence of validation of four references which were on file in relation to two adults.

This was non-compliant on inspection in May 2023 at which time the registered provider stated as a corrective action that the manager will use a template/checklist to ensure that all the requirements are in place before staff start work. This action has failed to sustain compliance.

(3) The registered provider had not carried out all of the necessary recruitment and vetting procedures in advance of appointment of staff as outlined in the non-compliance stated under regulation 9(2)(a) and (b).

(4) Evidence of appropriate qualification was not available for one staff member on inspection. This was also non-compliant on inspection in September 2024 after which the registered provider stated that all qualifications will be verified before the start date, overseen by the manager. This corrective action was not sufficiently implemented to prevent further non-compliance. It is acknowledged that confirmation of qualification was submitted post inspection for this staff member on 8<sup>th</sup> May 2025.

(7)

1.

The registered provider did not ensure that staff members were provided with the relevant training or sufficient information through the induction and training procedures set out in the staff training policy. Whilst there was a policy in place the registered provider did not implement this in practice. The lack of information and training provided to staff members posed an increased risk to the safety of the children.

The policy stated that every staff member will be provided with an induction training programme when they commence work to ensure they are fully trained in the first number of months of work. Alongside this, the policy outlined the service's approach to re-training of staff members, including the commitment of the registered provider to identify training needs and address the same. The following was found on inspection:

- The registered provider stated that new staff members were provided with a number of days in the office, prior to working directly with children, to read the service's policies and procedures. However, staff members said that they were not provided with this time to read the service's policies, and one staff member outlined that they commenced working with the children and then read the policies while the children slept.

- The service child protection policy outlined that as part of the induction process, all new staff would be informed of this policy and associated procedures within the first week of employment. The policy outlined that ongoing training would be provided to existing staff. In discussion with staff, inspectors were not assured that they had sufficient information about this policy. Four of five staff members demonstrated that they were not familiar with the procedures as outlined in the policy and they did not know the name of the Designated Liaison Person (DLP) in the service.
- In discussion with staff, inspectors were not assured that they had been provided with adequate information to ensure safe care. For example, staff were not provided with information or training in relation to a child's diagnosed condition and the procedures to follow in an emergency.

2.

The staff supervision policy stated that students/ trainees who work with children are always under the supervision of an appropriately qualified staff member. This was not implemented in practice during the inspection which resulted in a student in training being left solely responsible for children in their care.

The inspector noted that the staff in the Baby room regularly left the room to change nappies, settle children in bed, wash children's hands leaving the student in the room alone with the remaining children. On the first day of the inspection, there were two qualified staff and a student in the baby room.

For example:

- At 11:10 one staff member was changing a nappy, a second staff member was settling a child to sleep in the sleep room, and the student was alone in the room with six children.
- At 12:26, the student was left alone with seven children as one staff member was meeting a parent at the front door, and a second staff member was settling a child in bed.
- At 13.07, the student was alone with seven children as one staff member washed children's hands, and the second staff member settled a child in a cot.

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

#### Corrective and Preventive Action

**The registered provider stated the following:**

- (1) Manager and a staff member and if needed two and the director are always on. Extra  $\frac{3}{4}$  of an hour have been added to the written rota. Going forward all staff hours will always be included on the rota.
- (2) Management are updating the staff files. All references have been validated.

Once candidates' references are received, they will be validated before the candidate starts work.

Assuming all is well with references. A check list is in place and will be filled before candidate starts work.

- (3) Management takes all references very seriously into account when interviewing and this has always been standard practice. A check is carried out with the previously employers, if it's a level 5 on their first job, management look for references from babysitting jobs and schools. Continued observation on references. All new incoming staff references and qualifications will be given the upmost consideration for any and all upcoming job appointment. This will be an ongoing procedure using checklist.
- (4) No corrective or preventive actions submitted.
- (7) 1. Staff have been given a copy of policies to study. To be brought up and discussed as part of next staff meeting. Staff have also been required to sign a declaration to show that they have read, understand and will implement policies going forward. Management will place greater onus on staff to actively engage and learn policies. Staff will be subject to random spot checks on policies to ensure they are familiar at all times. It has been communicated to staff that they are welcome to request additional training where they feel they need it and that a training evening will be made available to them upon request.
- (7) 2. No corrective or preventive actions were submitted.

### **Supporting documentation submitted**

Staff roster, staff sign-out, children's attendance records for baby, toddlers and ECCE rooms. Evidence of the qualification was submitted in May 2025. Meeting agenda. Letter to staff members. Photograph of staff signatures.

### **Summary Comment**

This regulation remains non-compliant. The actions provided will be assessed in practice on next inspection.

- (1)  
Insufficient evidence was provided to demonstrate actions. The non-compliance remains outstanding.
- (2)  
While actions were submitted in response to this finding, the registered provider has provided no evidence of actions taken. As a result, this finding remains non-compliant. This aspect of the regulation was also found non-compliant in 2021 and 2023.

(3)

While the actions provided may address non-compliance, no evidence was submitted to demonstrate that references had been obtained and validated. As a result, it was not possible to determine if the registered provider had reached compliance.

(4)

This remains non-compliant. While evidence of qualification was received in May 2025 the registered provider has not submitted any actions to demonstrate how this non-compliance will be prevented in future. Regulation 9(4) was also non-compliant on inspections in 2020, 2022, 2023 and 2024.

(7)

1. While actions were submitted in response to this finding, insufficient evidence was provided to demonstrate that actions were implemented.
2. No response was received to address this finding.

### 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 paragraph (2) to (7)-*

*(a) a registered provider of a pre-school service, other than a childminding service, or a sessional pre-school service shall ensure that there at least two adults on the premises at all times.*

#### Non-Compliance Information

(1) Inspectors were not assured that the registered provider had ensured that sufficient staff were working directly with children as demonstrated by the following findings:

1. Inspectors observed there were inadequate staffing levels to facilitate staff taking breaks during the day. Through discussion with staff, a review of the roster and sign-in sheets, it was evident that there were no additional staff available to care for the children to replace staff taking lunch breaks.

2. Following review of records from the week of April 7<sup>th</sup> 2025, the child attendance records, staff roster and staff sign in/out forms indicated that an adequate number of adults was not available to the children at all times. The non-compliance was found on the following dates and times:

- Tuesday 8<sup>th</sup> April: Eleven children were recorded as present in the service from 5.30 – 6.00pm with one adult recorded as present on the available records. Two adults were required.
- Wednesday 9<sup>th</sup> April: Eleven children were recorded as present in the service from 5.30-6.00pm with no adults recorded as present on the available records. Two adults were required.
- Thursday 10<sup>th</sup> April: Eight children were recorded as present in the service from 5.30pm – 6.00pm with no adults recorded as present on the available records. Two adults were required.
- Friday 11<sup>th</sup> April: Ten children were recorded as present in the service from 5.30pm – 6.00pm with no adults being recorded as present on the available records. Two adults were required.

(2)

3. The registered provider did not ensure that the minimum ratio of adults to children was adhered to. This was found non-compliant on inspection on 10 September 2024, and the registered provider stated through the Corrective and Preventive Actions (CAPA) process that they would adhere to the minimum ratios. The following was observed:

- On both afternoons of the inspection, there were 18 children aged 3-5 attending full day care in the care of two staff members in the ECCE room. Based on the age and number of children, 3 staff were required.
- Children’s attendance, staff rosters and sign-in records were reviewed for 31<sup>st</sup> March to 30<sup>th</sup> April 2025.

The following is a sample of the findings:

- 31<sup>st</sup> March 2025 17:30 – 18:15 : nine children present with one staff member where a minimum of two staff was required.
- 1<sup>st</sup> April 2025 from 17:00 to 18:15 : eight children present with one staff member where a minimum of two staff was required.
- 2<sup>nd</sup> April 2025 from 17:30 to 18:15 : eleven children present with one staff member where a minimum of two staff was required.
- 8<sup>th</sup> April 2025 from 17:00 to 17:30 : 26 children present with 2 staff where a minimum of 4 staff was required.

(8)(a)

On review of the staff roster and sign-in records for the weeks of 14 and 28 April 2025, inspectors found that the registered provider did not ensure that there were two adults on the premises at all times. This posed a risk of

inadequate supervision of children and the inability to respond adequately to an emergency should it arise. The following was identified through review of these records:

- The week of 14 April 25, one adult was recorded as present on the service from 5.30pm – 6.00pm from Monday to Thursday.
- The week of 28 April 25, one adult was recorded as present on the service from 5.30pm – 6.00pm.

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

#### Corrective and Preventive Action

1. Discoveryland is currently recruiting “on-call” staff to facilitate and cover where sudden absences occur.
2. Staff are always present once children are on site. Where no staff is listed is a clerical error that will be immediately rectified. Rotas will be rectified to clarify this. All staff are rostered on from start until finish and are required to sign in and out. Weekly rota and sign in sheet are posted on the board in the hall and staff are required to fill in on a daily basis. This will be checked daily by the manager.
3. Discoveryland is in the process of recruiting “on-call” staff to act as relief staff where sudden and unexpected staff absences occur.

(8)(a) Names/Times will be added into the rota. Staff required for all times through the day are rostered in on the rota.

#### Supporting documentation submitted

Staff roster, staff sign-out, children’s attendance records for baby, toddlers and ECCE rooms.

### Summary Comment

1. The actions submitted have not been completed, the non-compliance remains outstanding.
2. The corrective and preventive actions provided have been accepted to address the non-compliance.
3. Insufficient evidence was provided to demonstrate implementation of corrective and preventive actions.

8(a) The actions and evidence provided have been accepted and will be assessed on next inspection.

Findings of non-compliance with staffing levels have been identified on prior inspections in 2020, 2021, 2022 and 2024. Actions submitted in the aftermath of those inspections have failed to sustain compliance.

### Part IV – Information and Records

#### Regulation 15 – Record of pre-school child

*(1) A registered provider of a pre-school service other than a pre-school service in a drop-in centre or a temporary pre-school service shall ensure that a record in writing is kept in respect of each pre-school child attending the service containing the following particulars:*

- (b) the date on which the child first attended the service;*
- (d) the name and address of a parent or guardian of the child and a telephone number where that parent or guardian or a relative or friend of the child can be contacted during the hours of operation of the service;*
- (e) authorisation for the collection of the child;*
- (f) details of any illness, disability, allergy or special need of the child, together with all the information relevant to the provision of special care or attention;*
- (g) the name and telephone number of the child’s registered medical practitioner;*
- (h) record of immunisations, if any, received by the child;*
- (i) written parental consent for appropriate medical treatment of the child in the event of an emergency.*

#### Non-Compliance Information

(1)

A sample of sixteen children’s enrolment records were reviewed. The registered provider stated that these records were completed and reviewed by the service prior to each child attending.

However, on review of these records it was found that the registered provider did not ensure that the required information was available to safeguard children’s wellbeing and safety. This practice was at variance with the settling in policy and child safeguarding statement which outlined that prior to enrolment, an exchange of information will take place between parents/guardians to complete children’s registration forms, with persons authorised to collect and emergency contacts.

Failure to record this information and provide it to staff can compromise appropriate and safe care of children.

The following was found:

- (b) six of the records did not detail the date on which the child first attended the service,
- (d) Six records did not provide contact details for another person in the case where a parent or guardian could not be contacted,
- (e) Seven records did not detail the named adult(s) authorised to collect the child,
- (f) the details of an allergy and information relevant to the provision of care for one child for whom the service had emergency medicine

(g) Details of a registered medical practitioner were not provided for one child.

(h) Eight records did not provide details of immunisation, if any, received by the child.

This regulation was non-compliant on the previous inspection in September 2024. Through the CAPA process, the registered provider stated that the forms would be overseen by the manager and in place before children started attending. The registered provider has not implemented these actions adequately to prevent recurrence of this non-compliance.

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

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

Records have been brought up to date. Going forward on enrolment all records will be checked to assert if all information has correctly been filled in.

Discoveryland will implement the use of an 'Enrolment Checklist' to be reviewed and used upon enrolment of child before the child begins to attend Discoveryland.

Ensuring all enrolment forms are filled correct, if no other adult is authorised to collect, we will work with the parents to organise a named adult to collect if parent/parents are unavailable due to unforeseen circumstances. Any child attending with a medical issue care plan and details will be put up in all rooms.

Also, all details will be checked on the enrolment form and discussed with Parents.

Discoveryland has implemented an 'Enrolment Checklist' that specifically targets this non-compliance to ensure this does not occur again. Where children do not have a family GP parents will be advised to submit a letter to state such and will designate 'Care Doc' in the interim.

The team have checked and updated immunisation records on enrolments forms, and have implemented the use of an 'Enrolment Checklist' to ensure such incidents do not reoccur.

#### **Supporting documentation submitted**

Enrolment checklist

### Summary Comment

The actions and supporting document provided have been accepted. Implementation of these actions will be assessed in practice on next inspection.

### 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)

- A staff member in the Pre-Montessori room was familiar with the children's interests and preferences. The staff member outlined the morning routine of one child when they arrived and their interests during the day. This practice supported the development of a positive relationship between the child and the staff member.
- During both days, the children from the four care rooms were provided with opportunities to play outdoors together. In discussion with staff members, this time was recognised as important for the children to mix with their peers of other age groups. This practice was reflective of the service's policy, which outlined that children have daily access, of at least 30 minutes, to play outside. The children were provided with a choice in their play while playing outdoors.
- The achievements of children were recognised in the Pre-Montessori room. This was through verbal recognition and non-verbal gestures from the staff member. For example, a child was making a jigsaw and a staff member asked the child playfully, 'Did you do that?' The child responded with a smile and the staff member affirmed their achievement through 'Wow, you are getting so good at jigsaws'.

(b)

- Staff were observed to regularly remind and encourage children to take drinks given the warm weather.
- Staff sat on a high stool when feeding children in high chairs; they were observed to chat to them during dinner time and offered encouragement to the babies who were beginning to self-feed.
- In discussion with a staff member in the Juniors room, the induction practices for new children attending the service were outlined. The staggered induction of children into the service, as outlined within the service's policy was reflective of the practices observed for one child settling in.

#### Non-Compliance Information

(1)(a) The registered provider did not ensure that each child's learning, development and well-being was facilitated, as demonstrated by the following observations:

1. Opportunities were not provided for children to make choices, engage in open-ended play, child-led or varied learning opportunities. This was further restricted by the adult led routine in place. The following examples were observed:

- Staff members were observed not to offer children options for play or activities in the ECCE room. A staff member had prepared an art activity of sticking shapes to create a house. All the shapes were in the centre of the table, and a group of four children at a time were told to sit down and to not touch the shapes. Staff put glue on the shapes and told each child where to stick them. This practice didn't provide children with autonomy, removing their opportunity to create their own work.
- Staff in the ECCE room were observed not to act on the children's cues when they expressed a preference for an alternative activity. For example, a child was overheard asking if they could colour their house and they were told no as they did their colouring yesterday.
- At 10:40 in the Juniors room staff members were sitting on the floor with 9 children aged 1 to 3 years reading books. No other activity was available for the children at this time and they had limited access to resources within the room. The children were observed wandering around the room.
- A child said he wanted to lie down and sleep during the meditation, a staff member told him that he had to sit up as he was going to big school in September.
- A staff member told the children it was story time. Five children said they didn't want a story. The staff replied, 'if you want to go outside, you have to sit down and listen.'

2. Clear communication and planning were not evident in the Junior room at points during the inspection. This resulted in confusion for children and an absence of activities to take part in. The following was noted:

- A transition at nappy change time was not managed effectively. At 11:00, one staff member began nappy changes for nine children. At 11:10, the second staff member encouraged children to get their coats on as they were going outside. Four children were supported to put their coats on but they did not get to go outside. At 11:20, the children's coats were removed by the staff member. Nappy changing concluded at 11:30 and children were advised that they were getting ready for bed time. No alternative activity was provided during this time, children were observed wandering in the room with no play materials or equipment available.
- Between 10:40 to 11:30 story books were the only materials which the children had access to within the room. This practice was at variance with the service's curriculum policy which stated that the curriculum

encourages active learning, problem solving, effective communication, creativity and autonomy for children.

- (b)
3. Interactions observed between staff and children during the inspection were at times inappropriate and at variance with the service’s managing behaviour and child protection policies. The policies outlined that staff speak to children in appropriate tones and use positive language and described that children will feel valued, empowered, included and confident in the environment. The behaviour management policy outlined that staff have fair expectations regarding children’s behaviour.
- Staff were observed to use directive instruction to children rather than supportive engagement to address behaviours during dinner time in the ECCE room on both days of inspection and snack time in the Juniors room on day 2 of inspection. Examples heard were ‘keep your hands to yourself’, ‘sit down’, ‘push your chair in’, ‘sit on your chair’ and ‘excuse me, ah-ah’, ‘sit’. During this time, one child had a crayon and the adult stated in a low tone ‘we don’t draw on tables’ and took the crayon from the child’s hand in a quick motion.
  - Staff in the ECCE room openly told the group the names of three children who would not receive a star as they were not quiet. One child expressed disappointment when they did not receive a star for being ‘quiet’.
  - At 11:30 in the Juniors room, both staff members were preparing the room for sleep time. The children wandered in the room, with some retrieving a book. A staff member said to one child across the room ‘it is time for bed, I didn’t say books, put them back’. The next interaction between the staff member and children was ‘it is time for bed, can we go to the corner where we sit’. The staff member took the books from the four children and put them back on the shelf. The children sat on the floor mat while both staff members continued to retrieve the beds. The children sat waiting until 11:46 until their bed was ready. An activity was not provided and there were no positive interactions between staff and children during this time.
  - Additionally, in discussion with three staff members, they described that children were directed to sit in a chair as a way of managing behaviour. This contravenes the service’s behaviour management policy.
4. It was observed that the healthy eating policy did not reflect practice in the service. For example,
- The policy outlined that children would not wait long for their meals. On both days of inspection some children waited up to 30 minutes for their dinner. Children had to wait for all children to finish their

meals before leaving the table. This led to children becoming unsettled and repeatedly told to sit down by staff even though their meal was finished.

- Staff members were not observed to sit with the children in the ECCE room on both days of inspection at dinner time and the Juniors room on day 2 of inspection during the evening snack time, as outlined in the services policy.

5. Information sharing with parents and staff was inconsistent. This can create risks to safe care, continuity of care between home and the service. The service's partnership with parents policy outlined that the service recognises the importance of working in partnership with parents/guardians to promote the best interests of children and support the regular exchange of information. The following examples were found:

- In discussion, a staff member outlined they have not met parents of some children in their group. The staff member outlined they were not provided with key information which parents provided to the service on enrolment such as children's likes or dislikes.
- In discussion with the registered provider, a language barrier was outlined as a key challenge to working in partnership with parents. The registered provider stated that information from the service was shared with parents, however, they acknowledged that the information may not be accessible for all as it was in English only.

6. The sleep arrangements within some rooms in the service impacted children's rest and their full participation in activities. The following examples were found:

- A child was woken prematurely in the ECCE room, when a group of five children were instructed to sit on the mat on which he was sleeping. The child was noted to be upset when he woke.
- Children in the Juniors and Pre-Montessori rooms, who did not need or want to sleep, were kept within the same rooms as children who were sleeping between 12:00 to 14:20. Inspectors observed that three children who did not need sleep were required to sit and play quietly in the dimly lit rooms. Staff were heard asking these children to be quiet during this time.

Findings of non-compliance with Regulation 19 (1) have been identified on inspections in 2024, 2023, 2022, 2021, 2020 and 2019. Corrective and preventive actions identified by the registered provider have been unsuccessful in reaching compliance with this regulation.

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

#### Corrective and Preventive Action

1. The response contained no corrective or preventive actions
2. The response contained no corrective or preventive actions
3. The response contained no corrective or preventive actions
4. The response contained no corrective or preventive actions
5. Enrolment forms are available to all staff to read in the office on enrolment off a new child starting. Staff have been instructed to review these forms when new children attend.

Staff have been spoken to about the importance of meeting parents, building relationships with parents and ensuring an open line of communication that centres on learning child preferences, learning information to assist building a rapport with the child and outline the importance of communication with parents as per our Service Policy. This will also be discussed at the next staff meeting. These enrolment forms also include information on children likes, dislikes, interests and preferences.

The importance of communication and parent-staff relations will be a focus as part of the next staff meeting.

6. Children who require sleep will see that their needs are met and their needs are facilitated. Where children do not require sleep their needs for stimulation will be met by being brought outside with the supervision of staff or to another age-appropriate room. This will be an ongoing monitored situation.

#### Supporting documentation submitted

meeting agenda

### Summary Comment

This regulation remains non-compliant.

- 1, 2, 3, 4: The response was deemed inadequate as it did not contain any corrective and/or preventive actions.
5. The response received did not contain adequate actions to demonstrate measures taken by the service to support partnerships with parents.
6. The response did not outline the measures taken by the registered provider to ensure the sleep arrangements of the service were supportive and responsive to the needs of each child.

### 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
- (b) there are adequate and suitable facilities for a pre-school child to rest during the day, and in the case of an overnight pre-school service, during the day and the night.

#### Compliance Information

(1)(a)

The materials and resources in the ECCE and Baby rooms were appropriate for the ages and stages of development of the children.

There were areas of interest within the ECCE room. These included:

- A construction area with a work bench and tools, blocks of varied sizes and shapes,
- A home corner with a kitchen and supporting materials for role play,
- Vehicles including cars, tractors and diggers,
- A book corner.

The outdoor area provided the children with a range of play and movement opportunities. The children had access to equipment and materials which supported imagination and movement. There were wooden/ plastic play houses which were named the ice-cream hut and shop, a sandpit, doll houses and a play kitchen, buggies and tractors. There were also box-like structures on the ground for climbing, bikes and trikes.

#### Non-Compliance Information

(1)

(a) The environment within the Juniors room did not cater for the age and stage of development of the children attending. The room had limited resources to promote varied types of play. The following was observed:

- Materials were stored on high shelving, including arts and crafts which were not in reach.
- A play kitchen with no supporting equipment,
- A shelving unit with blocks and cars
- One dolls buggy
- A book shelf with torn books.

(b) The sleep and rest facilities for the children in the Pre-Montessori, Juniors and ECCE rooms were not adequate or suitable for the age and stage of development of the children. The following was observed:

- On day 2 of the inspection, a child aged one was observed to sleep in a high chair at 15:25. This practice is at variance with the service's safe sleep policy which stated that all children under 2 years are provided with a cot for sleep.
- On the second day of the inspection, the inspector noted that a child indicated they were tired and wanted a rest. The staff member placed a long, soft plastic mat and a plastic circular cushion on the floor for him. The child lay down and fell asleep at 12:46. There was no sheet or undercover on the mat.
- On both days of the inspection, the Juniors room was not a conducive environment for sleep as the room was too bright. There were three windows in the care room, however, only two had blinds. The registered provider stated they intended to replace this blind in due course. This was at variance with the service's safe sleep policy, which outlined that the lighting is reduced during sleep and rest times.
- Rest areas were found to be insufficiently developed in some rooms. This was found non-compliant on the previous inspection in September 2025, and the registered provider stated through the CAPA process that there was a cosy corner in all the rooms. However, inspectors observed that in practice, within the Juniors, ECCE and Pre-Montessori rooms, the rest areas consisted of plastic floor mats and did not provide children with a sufficiently comfortable place to rest or retreat to.

There were findings of non-compliance with sleep and rest facilities identified on inspection in September 2024. Corrective and preventive actions submitted in response to that inspection were inadequate to prevent further non-compliance.

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

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

(a) Paints & art equipment will be available to children upon request, however in the interest of safety paints will be stored high in the interest of safety & following Risk Assessment of storage of Paints.

Toy kitchen equipment has been checked and additional equipment added to facilitate child led play.

Books have been made readily available to children in the interest of supporting and encouraging literacy. Books that show signs beyond reasonable wear and tear have been removed and replaced. Room Leaders have been instructed to use 'Room Equipment Report' to support management in identifying the need for new or additional equipment.

(b) Discoveryland was in the process of sourcing a fitter and blinds the week of the inspection to remedy this. At staff meetings over the coming months staff will go through a policy each meeting including the sleeping policy, staff have been spoken to already regarding baby sleeping in the highchair. As soon as rest areas are in place they will be left where they are.

**Supporting documentation submitted**  
photographs

### Summary Comment

The registered provider's response was inadequate to address the findings.

- (a) Insufficient evidence was provided to demonstrate actions taken.
- (b) The action taken regarding lighting has been accepted. However insufficient actions and evidence were submitted to demonstrate that children are provided with adequate and suitable equipment for sleep and rest.

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

### Regulation 22 – Food and drink

*A registered provider shall ensure that adequate and suitable, nutritious and varied food and drink is available for each pre-school child attending the pre-school service.*

### Compliance Information

All meals were supplied by children's families. During the inspection, children were observed to eat a variety of food for their snack and dinner. The children ate fruit, sandwiches and yogurts at snack times. Staff explained that additional food, such as baked beans, bread sticks and crackers was available for the children if they were hungry or a lunchbox was forgotten. This food was stored in each room for use as needed. For dinner, many children had meat, eggs, vegetables, rice or potatoes. Children's drinks were available to them at all times.

### Non-Compliance Information

Some children were observed drinking juice brought in from home, which contradicted the service policy, which stated that only milk or water would be served to the children. This practice posed a risk of dental decay. This was also found on inspection in April and September 2024; the corrective and preventive actions submitted in response to those inspections failed to prevent a recurrence of the non-compliance.

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

#### Corrective and Preventive Action

Parents are discouraged from providing sugary drinks and are provided with the healthy eating policies upon enrolment. This is a constant ongoing process due to foods being provided by the parent.

Parents have been issued with a letter regarding sugary drinks and highlighted that such drinks are not permitted in Discoveryland.

#### Supporting documentation submitted

Letter to parents, signed declaration that staff read the service's healthy eating policy.

### Summary Comment

The response was inadequate to address the finding as it did not contain any actions that would be taken by the service if children attended with drinks that were not in keeping with their healthy eating policy.

## 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 children exiting unsupervised and unauthorised persons from gaining access to the service.

#### Infection Control:

- The sleep mats were 50cm apart while children slept in the Juniors and Pre-Montessori room.

#### Administration of Medication:

- On the day of inspection, staff members were observed to re-apply sunscreen to the children throughout the inspection. This was reflective of the service's outdoor play and administration of medication policy.

#### Safe Sleep:

- Sleep records were maintained by the staff members in the Juniors and Pre-Montessori room. Staff members remained within these rooms with sleeping children.

#### Fire Safety:

- The designated emergency fire exits were unobstructed.

### Non-Compliance Information

#### General Safety:

1.

An immediate action notice was issued on 30<sup>th</sup> April 2025 as appropriate precautions were not in place to safeguard a child who had a food allergy, for whom an autoinjector was prescribed and stored in the service.

Through discussion with staff, the following was confirmed:

- Staff who spoke with inspectors were not aware of the signs and symptoms nor were they familiar with administering medication should an acute allergic reaction occur. This posed a risk to the care, safety and welfare of the child.
- No food management system was in place to ensure there was no cross-contamination of food.
- Staff were not familiar with or trained in the use of an epinephrine autoinjector.
- There was no mechanism in place to alert staff who were in this room to the child's allergy. A notice had been placed in a box during painting and not repositioned afterward.
- Staff were not aware of the epinephrine autoinjector date of expiry which was imminent and had not made any plans for a replacement to be provided.

An initial response was received on 1st May; this was not adequate to address the risk. Inspectors requested three additional responses from the registered provider to address all areas of risk identified. A complete response was received on May 15<sup>th</sup>.

2.

An Immediate Action Notice was issued to the service on 1st May 2025 due to a potential immediate risk to the safety of two children aged 3 years old. Through a review of children's enrolment records, it was identified that the service did not have details of the person(s) authorised to drop off and collect these children who were transported by bus to the service. Staff confirmed that they are dropped to and collected from the service by an adult whose details were not known to the service.

The service had also not obtained details of an alternative or emergency person to contact for these children.

The service provided an adequate response to this notice on 2nd May 2025.

3.

Staff were not aware of the location of the first aid box, which created a risk in the case of an accident or injury to a child. Through discussion with staff, they were unsure of where the first aid box was stored. Two staff thought it

was in the baby room, but the manager said it was in the hall. Two first aid boxes were found in the Pre-Montessori room.

4.

Over both days of inspection, four children were served whole chicken drumsticks for their lunch, which created a possible risk of choking as the drumsticks were served with the bones not removed. The inspector asked two staff members to remove the meat from the bone before serving it to the children.

5.

The service did not adhere fully 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 one Garda Vetting disclosure was carried out over 3 years ago. Vetting for this staff was dated 25<sup>th</sup> April 2022.

6.

Cleaning products were stored on a low shelf, which was accessible to children in the sanitary area off the baby room, posing a risk of injury. Children were brought in groups to wash their hands meaning that some children stood waiting by this shelf while the staff washed each child's hands.

7.

Some records related to risk management were maintained sporadically, for example:

- Room temperatures were only recorded over two days in the week beginning the 14<sup>th</sup> of April 2025.
- The baby room safety checklist and 'bedroom audit' (for sleep areas) were only completed on two days in the week beginning the 14<sup>th</sup> of April 2025.

8.

The service's accident and incident policy stated that the registered provider would ensure that windows have safety devices. These devices were not in place on the low-level windows in the Juniors room. On Day 1 at 11:05, there was one staff member with eight children in the Juniors room and three of the low-level windows were fully open. Four children aged 2-3 years old were observed to stand on foam cushions in front of one of the low-level windows. This increased the children's height to climb and allowed for easier access to the window. This practice posed an increased risk of a child leaving the service unaccompanied.

9.

Visibility strips were not in place on the windows of the ECCE room. This posed a risk of injury to the children within the room and playing outdoors, as the glass may not be seen.

10.

In discussion with the registered provider, it was confirmed that the service carried out a daily risk assessment of the outdoor area prior to using it. The service's outdoor policy also stated that a daily risk assessment was carried out of the outdoor area and a written record kept. However, on request from the registered provider, a written record was not available as the checks carried out were visual checks.

11.

The service's accident and incident policy outlined that the parent or guardian received a copy of the record. On review of the records and discussion with staff, it was confirmed that parents were not provided with a copy and the information was verbally shared at collection time. Furthermore, it was observed that not all children were collected by their parent or caregiver. This posed a risk that information relating to an accident and/or incident may be unknown and may impact their ongoing care at home.

12.

The placement of furniture posed a risk of injury to children in the Juniors room. On day one there were nine children aged 1 to 3 years present. Staff members had stacked the children's chairs during the morning and afternoon free play time. This posed an increased risk of injury to a child in the event that they attempted to climb or pull them down.

13.

The hot water in the wash handbasin in the baby room measured 44.8°C, which may create discomfort for children washing their hands. This temperature exceeded the recommended 43°C.

### **Infection Control:**

14.

Staff members did not practice the service's handwashing procedures as outlined in the service's infection control policy. On day two of the inspection, seven children's hands were not washed after outdoor play. The staff member was observed to use baby wipes to clean hands of eight children aged 1-3 years before sleep time. This posed an increased risk of the spread of infection.

15.

The registered provider did not ensure there were disposable paper towels available for staff and children in the ECCE room as per infection control policy. At 12:29 on the second day of inspection, a staff member was observed to off the same towel to each child to dry their hands after washing them, which created a risk of cross-infection.

16.

Infection control practices for sleep in the Juniors and Pre-Montessori room were at variance with the policy which stated that all beds are marked with the child's name and will be covered by a sheet. The following was noted:

- Children's allocated bed did not align with the one that they used. The registered provider stated that the stackable beds were cleaned after their use. On both days of the inspection, the beds were not observed to be cleaned before and/or after use. This practice posed a risk of the spread of infection.
- On day one, two of the eight children in the Juniors room were not provided with bed linen. On day two in the Pre-Montessori room, the five children aged 2-4 years who slept were not provided with bed linen.

17.  
The service nappy changing procedures were not followed; three nappy changes were observed in the baby room, and the staff did not wash their hands before or after the nappy change. The mat was not cleaned after each use. This created a risk of cross-infection.

18.  
The mat and cushions in the baby room were torn and worn in places, which did not allow for adequate cleaning, creating a risk of cross-infection.

### Administration of Medication:

19.  
A sample of eighteen administration of medication records were reviewed. The service did not practice their own administration of medication policy, for example:

- Parental signatures were not evident on five records. The policy outlined that the service informed the parent and/or guardian at collection time who then signed the record.
- The medication policy outlined that parents are informed when their child receives medication. The registered provider and staff told an inspector that the parents of a child who had received an anti-febrile medication had not been informed of this which increased the risk of harm to a child.

### Safe Sleep:

20.  
On the second day of the inspection, a staff member did not complete the children's sleep observation appropriately as required by the service's sleep policy. This created a risk of a child being unwell while sleeping, as

the staff member's observed practice did not include physically checking the children. At 11:20, a staff member was observed to check the closed-circuit TV in the baby room, where they could see two children, aged 19 and 20 months, sleeping in cots. The staff member was noted to complete the sleep record form and then stand at the door of the sleep room, but did not enter the room. When asked about what they look for in these checks, they informed the inspector that the checks are carried out every ten minutes and the staff look for the child's breathing, position when sleeping, room temperature and the child's colour. The inspector observed that it was not possible to adequately assess these factors from the doorway.

21.

The service's policy stated that the room temperature is recorded in sleep check records. The room temperature was not recorded by staff while children aged 1 to 3 years slept in the Juniors room.

Regulation 23 has been non-compliant on inspections in 2019, 2020, 2021, 2023 and 2024. Actions identified by the registered provider following those inspections have failed to achieve compliance with this regulation.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

##### General Safety:

1. All staff have been trained on how to administer auto injector pens by a doctor.  
Discoveryland is a nut free house and staff serving the food are aware of cross contamination of food.  
There are notices and a care plan up on the walls in all the rooms.  
Medicine was replaced and the pending expiry date is on the notices up on wall in all 4 rooms.  
If a child joins with a medical issue/ allergy after discussion with the parents a care plan and notices of case will be put up in every room and staff will be alerted on the issue.
2. All information about the drivers has been added to the enrolment forms. All of the relevant information will be checked on an on-going basis to avoid future non-compliances. Garda vetting checked and names and numbers added to the enrolment forms.
3. First aid boxes are now in all 4 rooms and staff are aware of this. One also located in the hall. All new staff will be made aware of the location off all first aid boxes.
4. Staff will remove the meat off the bones before serving if such food is provided by parents again. We will also update Eating Policy to discourage parents from providing such foods or foods that include bones going forward. Staff have been made aware of this. Discoveryland is including an amendment to address 'boned food'

specifically strictly prohibiting them and emphasising their potential as a choking hazard. A letter outlining this addition to the healthy eating policy has been circulated to parents. Staff have been made aware of this.

Management will oversee this process on an ongoing basis to make sure staff comply with the request.

5. All staff have valid, current and up to date Garda vetting. Discoveryland will submit for renewal of Garda vetting for existing staff two months before expiry date to ensure that such a small window for renewal exists and to facilitate and compensate for potential delays in the processing of Garda Vetting.

6. Cleaning products are stored behind a locked press. Children will be brought one by one to wash their hands. Staff have been made aware of the importance of keeping products locked away safely. This will also be a part of the next staff meeting to ensure that all staff are aware going forward.

7. Staff have been made aware of the importance of filling in the daily sheet in all room. This will also be a part of the next staff meeting to ensure that all staff are aware going forward.

8. All the lower windows in the front have now been fitted with safety caches, limiting how far windows can be opened. A Risk Assessment Matrix has been devised and formulated with support of HSA templates. This will be used to identify risks, the severity of the risk and corrective actions.

9. Since the inspection, the children and staff have painted on the windows as part of their Art curriculum. There will always be something painted on the windows or art displayed on it.

10. Garden outdoor risk assessment is displayed on the wall in the ECCE room. Routine checks will be done to make sure risk assessment the garden risk assessment form is up on the wall and being filled out.

11. A regular check will be done on all books and staff were reminded to report any incident to management. Going forward it will be mandatory for parents to take the white copy. A regular check will be done on all books and staff were reminded to report any incident to management.

12. Chairs will be stacked no more the 2 high going forward. Staff in the room have been spoken to regarding the stacking of the chairs and how this might cause an accident.

13. The water has been adjusted to under 39 degrees. Regular check of the degree off the water will be carried out.

### **Infection Control:**

14. Staff have been reminded of the importance of hygiene and cleaning. All staff have been reminded of the handwashing policy and the nappy changing policy.

15. There are paper towels in all rooms and a backup stock kept in the stock area

16. Each bed is assigned to a child and they are cleaned after use. Bed linen is provided for each bed in each room. Regular checks off proper usage of the linen and bed will be carried out.

17. The staff member has been spoken to regarding this issue and has reread the nappy changing policy. The staff in question has re-familiarised themselves with the Policies.

18. Have replaced the mat in question. Staff have been issued with a 'maintenance Report' to document and report such occurrences to ensure Management is aware and that it is addressed in a timely manner.

### **Administration of Medication:**

19. All copies of incident/medical are filled out will all information and any medicine given is recorded in the medicine book. Management have discussed this issue with the staff in detail and will monitor all the books on a regular basis Discoveryland has implemented a 'Monthly Checklist' to be checked by Room Leaders & Management to prevent such occurrences form happening. The importance of providing these to parents will also be a subject of the next meeting and a letter has been issued to parents on the importance of taking their copy of the incident/medical reports.

### **Safe Sleep:**

20. It has been reiterated to all staff especially in the baby room the importance of physically checking a child when sleeping. It is service policy to check the children in the sleeping rooms. All the staff have been made aware of the importance this task and will be reiterated at staff meetings. Staff have been required to read the 'Safe Sleep Policy' & this point will also be a topic of the next staff meeting.

21. The temperature has been added to the sleeping record sheet in the junior room.

### **Supporting documentation submitted**

#### **General Safety:**

Care plan, evidence of training, displays within the service, details of GP, evidence of communication with the child's parents and/or guardians.

Copies of updated children's enrolment forms outlining person(s) authorised to collect, emergency contact details of the child's parent/ guardians and consent for the children travel on the bus.

Letter to parents regarding boned foods, Staff meeting agenda, letter to staff members, declaration that staff members read the service's healthy eating policy.

Renewed Garda Vetting.

Meeting agenda; letter to staff members  
photographs window restrictors in Junior room  
Garden risk assessment  
Photographs  
Water temperature record

### Infection Control:

Evidence of staff read policy Handwash; Staff meeting agenda  
Pre Montessori cleaning floor bed checklist  
evidence that staff re-read the handwashing procedures; staff meeting agenda  
Blank template of maintenance report from

### Administration of Medication:

none

### Safe Sleep:

Evidence that staff read safe sleep policy; staff meeting agenda

### Summary Comment

1, 2, 3, 5 - 21: Actions and supporting documentation were accepted to address these findings.  
4. This remains outstanding as the revised healthy eating policy was not submitted.

## Part VII - Premises and Space Requirements

### Regulation 30 - Minimum space requirements

*(1) Subject to paragraphs (2) to (6), a registered provider shall ensure that adequate clear floor space is available in the premises for the work, play and movement of children attending the pre-school service.*

*(2) A registered provider of a full day care service or a part-time day care service shall ensure that the minimum amount of clear floor space specified in column (3) of Schedule 7 opposite a particular reference number specified in column (1) of that Schedule in respect of the age range of children specified in column (2) thereof at that reference number is available for each child in that age range attending the service.*

*(4) Where a registered provider contemporaneously provides-*

*(a) a sessional pre-school service, and*

*(b) a full day care service or a part-time day care service, or both, the minimum clear floor space applicable for the duration of the sessional preschool service in respect of the children attending that service shall be the floor space specified in paragraph (3).*

### Compliance Information

The rooms were measured and were found to align with the drawings provided by the registered provider.

### Non-Compliance Information

The ECCE room, which measured 32.21 square metres, did not have sufficient clear floor space to accommodate the number of children in attendance for full day care.

There were 18 children present in this room on both days of inspection. On the second day of the inspection, 18 children were present after the sessional hours of care. A clear floor space requirement of 2.3 square metres per child aged 3-6 years is required during this time.

This finding was further evidenced on review of child attendance records from the week of the 7<sup>th</sup>, 14<sup>th</sup> and 21<sup>st</sup> April which also demonstrated that there was not sufficient clear floor space available to the children present. This was found non-compliant on inspection in September 2024 following which the registered provider submitted a corrective action to state that they have since adhered to this regulation by reducing the number of children in the room on a full day care basis. These actions were found not to have been carried out on this inspection.

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

#### Corrective and Preventive Action

**The following was stated by the registered provider:**

Numbers have been reduced to 14. If there is an overflow of children, we will remove 4 children to the outdoor area where we have an area that is covered in. There they will do outdoor activities.

#### Supporting documentation submitted

none

### Summary Comment

While the corrective action submitted is accepted as appropriate to address the finding, the preventive action is not accepted as it would not address minimum space requirements in the event of future overcrowding.