# Early Years Inspectorate Regulatory Report
# School Age Services

| | |
|---|---|
| **TUSLA Identifier:** | TU2022DS008SA |
| **Name of School Age Service:** | Lilys Before & After-School |
| **Name of Registered Provider:** | Eoin Doyle |
| **Address of School Age Service:** | Firhouse Carmel F.C,<br>Ballycullen Drive,<br>Firhouse,<br>D24. |
| **Eircode:** | D24 PH00 |

| | | | | |
|---|---|---|---|---|
| **Date of Inspection:** | 26 August 2025 | | | |
| **Number of school age children present during inspection:** | **AM** | 40 | **PM** | 41 |
| **Registration status:** | Registered for school age care | | | |
| **Conditions (if applicable):** | N/A | | | |

| | |
|---|---|
| **Address of the Early Years Inspectorate** | Primary Care Centre, Castle Park, Arklow, Co Wicklow |
| **Inspection undertaken by:** | L. O'Connor and R.Duff |
| **Title:** | Early years inspectors |

| **Authority to Inspect** |
|---|
| Tusla's 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). |

# Early Years Inspectorate Regulatory Report
# School Age Services

| | |
|---|---|
| **Description of Service:** | Lily's Childcare Ltd is one of eight school aged services registered to the provider. It is based on the grounds of the Firhouse Carmel Football Club. The school age service has the use of a large care room, and a fully functional kitchen during the hours of operation. The room can be divided into two, depending on the needs of the children. The service is registered to operate from 7:30am to 9:30am and 1pm to 6:30pm. Outside of the school term the service operates from 7:30am to 6:30pm.<br><br>The children are provided with an outdoor area which is located in a local park within walking distance to the service. The service also utilizes a playground which is located within close proximity to the service. |

| | |
|---|---|
| **Staffing:** | There are 10 adults employed within the service, including the registered provider and area manager. The registered provider does not work directly with the children.<br><br>On the day of inspection, there were nine adults present in the service. |

| | |
|---|---|
| **Additional Information:** | This inspection was triggered due to receipt of information submitted to the inspectorate.<br><br>An Immediate Action Notice was issued to the registered provider on 26 of August 2025 under Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013. A response was received from the registered provider on 27 and 28 August 2025 with actions taken to address the risk identified. |

## Legislation

Tusla's Early Years Inspectorate is the independent statutory regulator of School Age Services in Ireland, and its role is to promote and monitor the safety and quality of school age care provision in accordance with the following legislation:

- The Child and Family Agency Act 2013, Part 12.
- Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022.
- The Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018).

A school age service means any early years service, play group, day nursery, crèche, day-care or other similar service which:

a) caters for children under the age of 15 years enrolled in a school providing primary or post-primary education,
b) provides a range of activities that are developmental, educational and recreational in manner, which take place outside of school hours, the primary purpose of which is to care for children where their parents are unavailable, and
c) the basis for access to which is made publicly known to the parents and guardians of the children referred to in point (a) above.

It is the responsibility of a registered provider to ensure the safety and well-being of school age children and the above legislation authorises Tusla to assess compliance with the Regulations.

## Inspection Methodology:

The inspection is unannounced to assess compliance with the Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018), Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022, and the Child Care Act 1991, Section 58 as amended by Part 12 of the Child and Family Agency Act, 2013.

The findings on inspection are gathered through a triangulation method, including:

- Information obtained through examination of documentation.
- Direct observation.
- Discussion with relevant staff.

This inspection aims to determine the extent to which the service is appropriate for the care, safety, and wellbeing of children in accordance with the regulations cited above.

Inspection findings are documented in the School Age Services 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 corrected the non-compliance and how they will prevent them 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 CAPA 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.

**Acknowledgements:**

The inspectors wish to acknowledge the co-operation of the children, area manager, person in charge, and staff who were present on the day of inspection.

Summary of Findings:

On the day of inspection, the registered provider was found to be compliant in:

- Regulation 8: Vetting Disclosures
- Regulation 9(1)(2)(4): Staffing Levels
- Regulation 10: Policies
- Regulation 13: Complaints (1)(2)

On the day of inspection, the registered provider was found to be non-compliant in:

- Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

**Conclusion and follow up actions:**

The registered provider submitted actions taken by the service to address the findings identified and the measures implemented to reduce the likelihood of the recurrence of these non-compliances. Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013. will be reviewed on the next inspection.

| Regulation 8: Vetting disclosures |
|---|
| *(1) A registered provider of a school age service other than a childminding service 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-*<br>*(a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,*<br>*(b) consideration of references from reputable sources in the case of a person who has no past employers,*<br>*(c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochana in accordance with the Act of 2012 in respect of the person, and*<br>*(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.*<br>*(2) The procedures specified in paragraph 1 shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the school age service.* |
| **Regulatory Requirement Met** |
| (1)(2)<br>It was confirmed that two staff have been employed since the previous inspection carried out in October 2024. These files were reviewed alongside Garda Vetting for one staff member which was due for renewal. Three Garda vetting disclosures were available for review. It was demonstrated that the service adhered to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Four validated references were available from a previous employers and sources other than a previous employer. From a review of records, the service had determined that police vetting was not required for the two adults.<br>The above procedures were carried out by the service prior to the adults working in the service and/or directly with children. |

**Regulation 9: Staffing levels**

*(1) Subject to this Regulation, a registered provider of a school age service other than a childminding service shall ensure that there is at all times an adequate number of competent and suitable adults on the premises while the service is operating.*

*(2) Without prejudice to paragraph (1), a registered provider of a school age service other than a childminding service shall ensure that there is a minimum ratio of 1 adult to 12 children at all times while the service is operating.*

*(4) A registered provider of a school age service shall ensure that the school age children attending the service are appropriately supervised at all times.*

**Regulatory Requirement Met**

(1)(2)

During the inspection, the registered provider ensured that staffing levels were maintained. On arrival, there were 4 adults working directly with 40 children. In the afternoon, there were 6 adults working with 41 school age children. Through a sample of staff sign in records and children's attendance from 28th July to 7th August 2025, the records demonstrated that minimum ratio of 1 adult to 12 children was maintained during this period. In discussion with a staff member with key responsibilities, it was outlined that staff members were also available from the registered provider's other school age services to ensure that the adult to child ratio was maintained.

(4)

The children were observed to be appropriately supervised by the staff members while they were indoors and outdoors. The staff members were observed to alter and adjust their supervision strategies during the inspection depending on the children's location, the activity and individual needs of children. The following was observed;

- The service used a green area to play in which was within walking distance of the building. The children were observed to be appropriately supervised while walking to and from this area as staff members positioned themselves in various places to include the front, middle and at the back of the group of children. The children wore Hi-Visibility jackets which aided visual supervision for the staff members. Staff members

provided guided prompts to children including reminders to walk two-by-two beside their peer. When the children arrived at the green area, the staff members placed the plastic cones which were brought from the service to create a visual boundary for the children. The staff members wore the same colour t-shirts, which provided the children with a visual assurance in the case that a child required support or guidance. During this time, the group of children were engaged in varying activities, including football. The five staff members were observed to supervise the group of children from a reasonable distance at the plastic cone boundaries in place.

- During mealtimes, the supervision strategies were altered by the staff members. In discussion with the area manager, it was outlined that the eight tables within the main care room were assigned with a cartoon name, and that a group of children were assigned to the table while they were indoors. During the mealtimes, the staff members supervised the children in their smaller groups from a reasonable distance.

| **Regulation 10: Policies of a school age service** |
|---|
| *A registered provider of a school age service shall ensure that the policies and statements specified in Schedule 6 are in place for the service.* |
| **Regulatory Requirement Met** |
| The service had the required policies as specified under Schedule 6. These included complaints, administration of medication, managing behaviour and fire safety policy. |

| Regulation 12: Insurance |
|---|
| *A registered provider shall ensure that the school age service is adequately insured.* |
| **Regulatory Requirement Met** |
| The service was insured for 60 school age children to attend. The insurance policy is in place until 27 March 2026. |

| Regulation 13: Complaints |
|---|
| *(1) A registered provider of a school age service other than a childminding service shall ensure that the complaints policy of the service specifies—*<br>*(a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,*<br>*(b) the manner in which such a complaint shall be dealt with, and*<br>*(c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.* |
| **Regulatory Requirement Met** |
| (1) (a)(b)(c)<br><br>A complaints policy was available within the service for a person to make a complaint. The policy detailed the procedures to follow, including the assigned person responsible for dealing with a complaint, how complaints are dealt with and communication strategies in the case where a complaint is made to the service. |

| Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013 |
|---|
| *It shall be the duty of every person providing an early years service to take all reasonable measures to safeguard the health, safety and welfare of children attending the service and to comply with regulations made by the Minister under this Part.* |

**Regulatory Requirement Met**

The inspectors observed appropriate care practices in place on the day of inspection. The children moved freely around the room, playing and engaging with each other and staff. Staff addressed children by name and interacted with the children in a positive manner. Language used by the staff members was observed to be encouraging, supportive and informative. Children were given advance warnings by staff members to support the transitions to a new activity and for mealtimes. This was reflective of the service's behaviour management policy which stated staff are role models of positive behaviour and how they play, speak and interact with the children is a key part of their role.

Children spent time outdoors throughout the day and staff were observed to coordinate and play games and activities with the children during this time. During the inspection, staff were observed to work closely with small groups of children to play board and card games, read stories and spend time chatting with children.

In discussion with staff members, it was outlined that the children have an active role within the service. They described that the menu for the service altered as the children asked if they could have the same dinner each week. The staff member explained that the meals listed on the menu were chosen by the children. They explained how the children looked forward to the mealtimes. The children brought their own snack for 10am and 12pm snack times. And the service provided the children with a hot meal between 3pm to 3.30pm. On the day of inspection, the children were provided with pasta, beef bolognaise and garlic bread. The children were observed to enjoy the food and additional food was available if required.

The strategies, as outlined within the service's managing behaviour policy were observed to be implemented and practiced on the day of inspection. In discussion with staff members, the strategies, as outlined within the service policy were outlined to the inspector. Staff members were observed to use the strategies of listening and problem solving with children during the inspection. This policy included the anti-bullying procedures which were in place within the service. The policy outlined roles and responsibilities of the children, staff members and the manager to create and sustain a supportive environment for all children. Displays were evident within the service regarding expectations for children and their behaviour. In discussion it was outlined that these expectations were developed by the children with the support of the staff members. It was outlined that where the staff members considered these expectations need to be revisited, there would be re-engagement with the group children. This was reflective of the service's policy which outlined that each year, in collaboration with the children, the staff members ask the children of the rules and expectations they would like to put into place and were re-visited as required.

The service's Child Safeguarding Statement outlined that procedures were in place to inform new staff about the child safeguarding policy statement and accompanying safeguarding policies and procedures. This was through an induction checklist in place for new staff members. This provided a mechanism for the service to ensure that new employees completed specific training, in line with the service's own policy. Training certificates were submitted to the inspectors following the inspection which demonstrated that all staff working directly with children had completed first aid and child protection training.

**Regulatory Requirement not met**

1. An Immediate Action Notice was issued to the service on 26 August 2025 as a potential immediate risk to three children was identified as follows;

    a. A child with a known medical condition was prescribed two auto-injector pens as part of their emergency care plan. However, the auto-injectors available on site were out of date, which posed a potential safety risk in the event of a medical emergency. The inspector identified this concern and requested that the service contact the child's parents immediately to obtain two new prescribed auto-injectors. This action was acknowledged

and acted upon promptly by the manager to ensure the child's safety. In addition, a second set of auto-injectors were available for a second child, the auto injectors were out of date. This could pose a significant risk to a child if the incorrect auto injectors were used in the event of an emergency.

b. A third child was identified as having an allergy to a specific food. However, staff members were uncertain of the child's medical requirement.

A response was received from the service on the 27 August 2025 which mitigated the risk identified.

2. An Immediate Action Notice was issued to the service on 26 August 2025 as a potential immediate risk was identified relating to the absence of procedures for two children with a diagnosed medical condition. Care plans were not in place for two children attending the service who required emergency medication.

A response was received from the service on the 27 and 28 August 2025 which mitigated the risk identified.

3. Reasonable measures were not taken by the registered provider to provide staff members with the required information to carry out their role and/or their duties within the service. The following was identified;

a. On the inspector's arrival to the service, in discussion with three of the four staff members present, it was unclear who the deputy person in charge was at that time. In later discussions, it was confirmed that the fourth staff member was the deputy person in charge. This posed a risk in the event of an emergency, as the person with key responsibilities was not known.

b. The service's policy for accident and incident, managing behaviour, administration of medication and complaints were requested by the inspectors shortly after their arrival. In discussion with a staff member with key responsibilities within the service, it was stated that a hard copy of the policies were available onsite for staff members. It was later confirmed that a hard copy of the policies was not available within the service. Further discussion confirmed that a hard or soft copy of the service's policies had not been provided to staff. This posed a risk as staff members may not be familiar with the service's own procedures.

c. The services Child Safeguarding Statement outlined that the service had an induction policy in place. On the day of inspection, it was confirmed that the service did not have this policy. It is noted that the registered provider submitted a recruitment policy which was developed the day of inspection. However, the measures in place regarding the induction of new staff and/or training for existing staff members, ongoing support and supervision and/or staff meetings was not outlined.

d. While it is noted that the service had an accident and incident policy and an outdoor play policy, it did not provide the procedure for staff members to follow regarding the day-to-day practices as follows;

   i. In discussion with staff members, it was outlined that the service utilises three public areas for outdoor play. A procedure to detail the measures in place for outings and/or outdoor play was not in place. For example, measures to ensure the safety and welfare of children, procedures for supervising and checking children including adult: child ratios, management of a critical incident on outing and first aid measures to be in place for the duration of the outing.

   ii. An accident and incident policy was available for review. However, it did not detail relevant procedures to be followed when an accident or incident involving a school age child occurs while attending the service.

This practice posed a risk to the health, safety and welfare of the children as the registered provider did not have measures in place to share information and/or expectations with staff members. This increases the likelihood that the procedure to follow may be unknown which may create inconsistencies regarding the practices within the service.

4. The registered provider did not take reasonable measures to identify and minimise potential risks which may be posed to the children and/or staff members. The following was noted;

   a. On the day of inspection, 40 children aged 4 to 11 years were brought to a public park which was within walking distance to the service. In discussion with a staff member with key responsibilities, it was confirmed that measures, to include a written risk assessment was not completed prior to the children attending the public area.

   b. The service's accident and incident policy outlined that records were reviewed to identify any patterns or recurring risks. It outlined that preventative measures would be put into place to include replacement of equipment, staff retraining, and/or environment adapted). It was confirmed in discussion with staff members that the practice of reviewing accident and/or incident records does not occur.

5. The service's accident and incident policy outlined that all accidents and/or incidents would be dealt with promptly, recorded accurately, and communicated to parents/guardians. The service used a software system to record accidents and incidents. In discussion with staff members, it was confirmed that the service did not practice their own policy as follows;

   a. Reasonable measures were not in place to ensure that the information was shared with the parent regarding an accident and/or incident which occurred within the service. There were seven records sampled from March to August 2025, three of these records had not been seen by the child's parent and/or guardian. In discussion with a staff member with key responsibilities, it was outlined that additional measures were not in place to ensure that this lapse in information was followed up with.

b. The service's policy outlined that an accident and/or incident record is completed on the same day. And that parents/guardians will be informed as soon as possible and provided with a copy of the accident and/or incident record. However, on review of records and discussion with staff members, this practice was not in place. For example,

- It was confirmed that there was a delay in writing the record for an accident/incident which occurred on 28 July 2025. This record was not seen by the child's parent/guardian until the 08 August 2025.

- In discussion, it was confirmed that an accident/incident occurred on the 29 July 2025. However, a record was not completed by the service, as per their own policy.

c. The measures in place to record accidents and/or incidents did ensure that the service's procedures of accurate recording and communication to parents/guardians was consistent. In discussion with staff members, it was confirmed that one record was completed for any accident and/or incident which occurred. On review, individual records were not completed for accidents and/or incidents which involved more than one child. For example, three records reviewed included other children and additional records were not completed for these children. This practice does not ensure that information is communicated with parents.

d. On review of records, the relevant details were not consistently recorded regarding the details of the accident and/or incident. This included a description of what happened and the actions taken as outlined within the service's policy.

6. Reasonable measures were not in place regarding fire safety within the service as follows;

a. On review of the service's fire safety policy, the person named as the service's fire officer was not an adult named on staff rosters and/or staff sign in records for August 2025. In discussion with staff members, two different adults were named as the fire safety officer within the service.

b. The service's policy stated that a fire drill would be made up of the children and staff understanding where their nearest exit is and calmly making their way to the assembly point. And that these procedures were on posters located on the exit door and all walls in the rooms. Displays for the fire exit were not in place within the main care room and procedures for exiting the building were not on display within the service.

c. The number of adults present within the service were not accounted for at all times. One staff member present within the service was not listed on the service roster and was not signed into the service's visitor book. The service's fire safety policy stated that the fire officer will collect the staff/ guest sign in book for a fire drill.

d. The service's policy does not specify the measures in place to ensure that staff members present within the service were accounted for in the event of an emergency evacuation. Staff members were observed to use the service's electronic device to sign in on arrival to the service. However, on departure for break times, staff members did not sign out when they left the building.

e. The entrance and exit to one of two the sanitary areas was obstructed with a rubbish bin and mop buckets. This posed a risk in the event of an emergency evacuation.

7. The service's managing behaviour policy stated that each child would be assigned a "key worker" who is responsible for getting to know each child and their families. The key workers play alongside the children getting to know their likes and dislikes. On the day of inspection, the 41 children aged 4 to 11 years were regarded as one group. In discussion with staff members, the practice of a key worker system was not in place. In discussion with a staff member with key responsibilities, the individual needs of seven children were identified. However, provision to include key worker groups and/or smaller groups was not in place to provide support to these children. This practice does not support the individual needs of the child, as outlined within the service's behaviour management policy.

8. The service did not ensure that measures were in place to ensure that effective handwashing practices were in place as follows;

   a. On return from the park, appropriate infection controls were not taken, children did not wash their hands prior to eating a snack, it is acknowledged that hand sanitizer was offered to some children, however children had already began eating. Appropriate hand hygiene is essential to mitigate against cross contamination and infection.

   b. The water in the children and staff sanitary areas was cold to touch. This does not provide a pleasant experience for handwashing and may increase the likelihood of ineffective handwashing practices.

**Corrective & Preventive Action Response submitted by the Registered Provider**

1. The registered provider provided a response to the Immediate Action Notice on 27 August 2025 and stated the following;

   The expired auto-injectors were replaced immediately following contact with the child's parent. The staff members were updated on each child's allergy needs to ensure the correct responses in emergencies. A monthly medication audit checklist is now in place to track expiry dates. Medical care plans will be reviewed termly, and staff will receive information on managing medical needs. The registered provider submitted photographs of two auto-injectors which were in-date and labelled with the two children's name on it.

2. The registered provider provided a response to the Immediate Action Notice on 27 and 28 August 2025 and stated the following;

   The emergency care plans were in place for these children the following day. Going forward, children will not attend the service without a complete medical file. The service's enrolment checklist now includes a medical care plan section. Termly reviews are scheduled to ensure care plans are current.

Care plans for the two children were submitted and supporting documentation to demonstrate that staff were informed of the plans in place. Supporting documentation was submitted to demonstrate that the care plans were communicated with the staff members.

3. In response to the finding, the registered provider submitted the following actions;

   a. The name of the deputy-in-charge is now displayed in the setting, and all staff were informed of management structure in place. All new staff will receive an induction which outlines the roles of staff within the service. Team meetings will include review of roles and reporting structures. A photograph of a display of the management structure in place was submitted to the inspectorate.

   b. All service policies were printed and placed in a central staff area. Each new staff member is given a policy pack (digital or printed). Policies are reviewed annually during staff meetings. Each new staff member is provided with a policy pack (digital or printed). The service's policies are reviewed annually during staff meetings and can be updated at any time if necessary.

   c. An induction procedure was developed and implemented immediately for all new staff. All new staff members must complete the induction checklist before starting and ongoing refresher sessions will take place annually.

   d. Day-to-day procedures for outings and accident/incident management have been reviewed and updated within the relevant policies. The accident/incident procedures were reviewed during staff induction and will be included in staff meetings. All outings now require a completed risk assessment.

The registered provider submitted a copy of the agenda and minutes of a meeting held on 08/09/2025 to demonstrate communication with staff members on the above findings. Evidence was also submitted to demonstrate that staff members have read the service's policies.

3. The following actions were submitted by the registered provider;

   a. Risk assessments are now completed for all outings including the local park, and new outdoor locations require a completed risk assessment. The service has allocated oversight of this to one staff member. A sample of risk assessments completed in September 2025 were submitted to the inspectorate.

   b. Past accident reports were reviewed by management. The service will introduce a structured monthly review of all accident and incident records. This review will be carried out by the Person in Charge (or their appointed Deputy) and will focus on identifying patterns to include repeated incidents in specific areas or at certain times. A Log will be established to record the findings of each review, with the aim of supporting early intervention and improved risk management. Based on the outcomes of these monthly reviews, appropriate actions will be taken. This may include adjusting staff supervision zones or ratios in identified high-risk areas, replacing or removing equipment linked to repeated incidents, making physical changes to the environment or updating supervision plans or safety procedures as needed. All actions and decisions will be documented and communicated to staff at the next available team meeting. Staff will be reminded of their role in proactively reporting hazards and supporting a culture of continuous safety improvement.

   The registered provider submitted a copy of the agenda and minutes of a meeting held on 08/09/2025 to demonstrate communication with staff members. The service's updated accident and incident policy was submitted, alongside confirmation that staff read the policy.

4. The registered provider submitted the following actions to demonstrate the measures implemented within the service;

   a. Parents were contacted about any unreported incidents, and all accident forms were updated. All accident reports must be completed on the same day and signed by parents at pick-up. The management of the service will audit these records weekly.

b. All delayed or incomplete records were updated immediately. Staff have been instructed that all accidents must be recorded and signed off the same day. A weekly review of the records will take place by management using a checklist.

c. Each child now has an individual accident record template. These records are printed by the service for each child and are reviewed weekly. Staff were shown how to complete the forms correctly.

d. All accident/incident forms were reviewed and corrected to ensure full and accurate details. A checklist has been added to ensure staff complete all sections. Management will review the records weekly.

The registered provider submitted an updated accident and incident policy and an outdoor play policy. Supporting documentation was submitted to demonstrate that these policies were read by the staff members. A checklist was submitted to demonstrate how the service review accident and incident records weekly.

5. In response to the finding, the registered provider stated the following fire safety measures have been put into place;

a. A designated fire officer has been appointed, and their role is clearly displayed in the building. This role is included in staff induction and fire safety training. Fire safety responsibilities will be reviewed quarterly by the service.

b. Missing fire exit signs were installed, and evacuation maps were posted. Fire signage is checked monthly as part of a premises safety audit. Any issues are addressed immediately.

c. The daily staff roster and visitor sign-in/out system was reinstated and checked for accuracy. A digital sign-in/out system is now used, and this is reviewed daily by the supervisor.

d. Staff members must sign in and out daily using the digital system. All staff members were retrained on the sign-in/out procedure and reminded of the importance of accurate records. These records are monitored daily and audited monthly.

e. Blocked fire exits were cleared immediately. The sanitary areas were inspected and rearranged where needed. Daily health & safety checks are now in place which includes checking that fire exits are clear. If there are any issues, these are reported and resolved within 24 hours.

The registered provider submitted a copy of the minutes of a staff meeting held on 08/09/2025. A photograph of the procedures to follow in the event of an emergency evacuation was submitted. A photograph of a display within the service naming the fire officer was submitted. A copy of a weekly checklist, with reference to daily checks on the sanitary areas. The registered provider also submitted a monthly checklist, which includes reference a monthly fire drill.

6. The registered provider outlined that all children have been assigned a key worker, and that parents were informed of this in writing. The key worker lists are reviewed termly. The responsibilities of a key worker are included in staff role descriptions, and weekly child check-ins are recorded.

7. The registered provider stated the following in response to the handwashing procedures within the service;

   a. Children are reminded by staff members to wash their hands before snacks. Staff members will monitor handwashing after outdoor play, and handwashing supervision is now part of daily staff responsibilities. Hygiene practices are included in team meetings and training.

   b. Maintenance was called to assess and fix the cold-water issue in the toilets. Warm water taps have been installed. Water temperatures will be monitored by management.

The registered provider submitted a copy of the agenda and minutes of a meeting held on 08/09/2025 to demonstrate communication with staff members on the above findings. Evidence was also submitted to demonstrate that staff members have read the service's policies. Water temperature checks were also submitted.

| Summary of Findings |
| --- |
| Based on the implementation of the measures submitted to correct and prevent the reoccurrence of the findings identified on inspection, the requirement has been met.<br><br>These actions and measures will be assessed on the next inspection. |