

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2023KE003
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Name of Service:	Cookies' Early Learning Centre Ltd
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Address of Service:	Unit 17, Ardrath View, Crodaun, Celbridge, Co. Kildare
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Eircode:	W23 V8WE
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Name of Registered Provider:	Megan Cooke-Smith
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Service type:	Full Day, Part Time, Sessional
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Date of Inspection:	14/01/2026
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No of pre-school children:	AM	45	PM	33
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Address of the Early Years Inspectorate:	Early Years Inspectorate, Suite 7, Vista Primary Care, Ballymore Eustace Rd, Naas, Co Kildare
Inspection undertaken by:	R. Brien & F. Carty
Title:	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).

Conditions if applicable	N/A
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Description of service

Cookies' Early Learning Centre Ltd is one of four services operated by the registered provider and provides full day and sessional care to children aged 2 to 6 years. The service is registered to operate from 07:30 to 18:30, Monday to Friday. Sessional care is provided from 09:30 to 12:30.

The service is located in a purpose-built ground floor unit of an apartment block within a housing development on the outskirts of Celbridge, Co. Kildare. There are four care rooms in the service. The Chestnut room caters for children aged 2 years. The Willow room caters for children aged 3 years. The Cherryblossom room caters for children aged 3 to 4 years and the Oak Room caters for children aged 3 to 5 years. There is an enclosed outdoor play area to the side of the premises.

The service also operates a school age childcare service. The Oak room is used as the school age care room in the afternoons and children attending the early years service are accommodated in the Chestnut, Willow and Cherryblossom rooms in the afternoons.

Staffing

The service currently employs fourteen staff members including the manager, a chef and three school age childcare staff. There were eleven staff working directly with the children on the day of inspection including a relief staff member from another service operated by the registered provider. The registered provider does not work directly in the service and was not present on inspection.

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/ records/ safety and premises and facilities. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under the following regulations:

- 9 (1)(a)(b),(2)(a)(c)(d),(3),(4) – Management and recruitment,
- 11 (1),(2),(8)(a) – Staffing levels,
- 16 (1)(i)(j)(k) – Record in relation to pre-school service,
- 19 (1)(a)(b) – Health, welfare and development of child,
- 23 – Safeguarding, health, safety and welfare of child,
- 25 (1),(2) – First aid,
- 26 (1),(4) – Fire safety measures.

However, on inspection additional non-compliance was identified under the following regulations:

- 8 (1),(3) – Notification of change in circumstances,
- 29 (e) – Premises,
- 30 (2) – Minimum space requirements.

These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under the following regulations;

- 19 (1)(a)(b) – Health, welfare and development of child,
- 23 – Safeguarding, health, safety and welfare of child.

As a result, the scope of the inspection included the Chestnut, Willow and Oak rooms and the outdoor area.

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.

Acknowledgments

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

Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

(1) A registered provider of a pre-school service other than a temporary pre-school service shall, subject to paragraph (3), notify the Agency in writing of any proposed change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2) at least 60 days before it is proposed that the change would take effect.

(3) Where a registered provider has been unable for good and proper reason to notify the Agency within the time specified in paragraph (1) or (2), as the case may be, of a change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2), the registered provider shall notify the Agency in writing of the change as soon as possible thereafter.

Non-Compliance Information

(1)(3)

The registered provider did not notify the Agency in advance of implementing changes to the service's registered details as follows.

- The service is registered to accommodate a maximum of 51 sessional care children and 47 full day care children. On the busiest day of attendance 55 children were in attendance.
- The person in charge on the service's registered details does not work in the service. The manager identified themselves as the person in charge and confirmed that they commenced in their position in August 2024.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)(3)

The registered provider submitted notification to the Agency regarding the changes to the service's registered details.

The registered provider has submitted a Change in Circumstances to notify the Agency of the Person in Charge. This has now been updated and confirmed to reflect the manager who was present and acting as the Person in Charge on the day of the inspection.

The provider and management team will continue to monitor daily attendance and ensure that any future changes to the registered details are notified to Tusla in advance through the Change in Circumstances process.

Supporting documentation submitted

Written evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address this non-compliance.

Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

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

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

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,*
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and*

(d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.

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

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

Compliance Information

(1)(a)(b)(c)

The service had a designated person in charge and a named person to deputise as required who were both on the premises throughout the inspection.

(2)

The inspection focused on the recruitment records for five staff employed since the last inspection on 13 January 2025 and one relief staff member present on inspection. Regulation 9(2)(c) was reviewed in respect of these six adults, the registered provider and two school age staff who work in the service. Documentation was reviewed in respect of these adults and met regulatory requirements as follows.

(a)

Twelve validated, written references were available from a past employer.

(c)

Garda vetting disclosures had been obtained for nine adults. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years for one adult. Please refer to the information outlined under regulation 23 of this report.

(d)

Police vetting was required for three adults and was available for these adults who had lived outside the State for a period exceeding six months as an adult.

(4)

Records were available evidencing that the six staff members who were employed to work directly with the children held the required qualification or equivalent.

Non-Compliance Information

(3)

The registered provider did not take appropriate measures to ensure that all adults were suitable to work in an early years service prior to their commencement as follows.

- Garda vetting available for three adults was dated after the adults commenced employment.
One adult commenced employment on 29 September 2025 and Garda vetting was obtained on 07 October 2025.
One adult commenced employment on 25 August 2025 and Garda vetting was obtained on 01 September 2025.
One adult commenced employment on 01 September 2022 and Garda vetting was obtained on 05 September 2022.
- Police vetting available for one adult was dated after the adult commenced employment. The adult commenced employment on 25 August 2025 and police vetting was obtained on 19 September 2025.
- Six references in respect of four adults were not validated prior to the adults commencing employment.
One adult commenced employment on 25 August 2025 and references had been validated on 03 September 2025 and 18 September 2025.
One adult commenced employment on 01 September 2022 and references had been validated on 08 September 2022 and 09 September 2022.
One adult commenced employment on 12 March 2025 and their second reference was validated on 18 March 2025.
One adult commenced employment on 12 January 2026 and their second reference was validated on 13 January 2026.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(3)

The registered provider has reviewed the recruitment and staff file documentation following the inspection findings. All staff members referenced had Garda vetting and references obtained as part of the recruitment process. However, the documentation reviewed during the inspection reflected dates which appeared to be after

the staff member's recorded commencement dates. The provider has now reviewed the relevant staff files and clarified the recruitment documentation and recording of dates.

To prevent a recurrence, the provider has reviewed and strengthened recruitment procedures. A staff recruitment checklist has now been implemented to ensure that:

Garda vetting and international police vetting is obtained and validated before the staff member begins working in the service.

Two references are obtained and validated before the staff member begins working in the service.

Supporting documentation submitted

Written evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address this non-compliance. These actions will be assessed on the next inspection.

Part III – Management and Staff

Regulation 11 - Staffing levels

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

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

(8) Without prejudice to paragraphs (2) to (7)-

(a) a registered provider of a pre-school service other than a child-minding service or a sessional pre-school service shall ensure that there are at least 2 adults on the premises at all times,

Compliance Information

(8)(a)

There were at least two adults on the premises at all times.

Non-Compliance Information

(1)

An adequate number of adults were not working directly with the children attending the service during the inspection as the minimum ratio of adults to children was not maintained at all times as outlined below.

(2)

The registered provider did not ensure that the minimum required ratio of adults to children was maintained at all times. In the Oak room from 13:20 to 13:32, the inspectors observed that there were 2 adults allocated to care for 17 children attending on a full day care basis aged 3 to 5 years. The minimum adult to child ratio for children in this age range is 1:8. Three adults were required at this time.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)(2)

The registered provider acknowledges that points (1) and (2) refer to the same incident observed during the inspection where the required adult to child ratio was not maintained in the Oak room between 13.20 and 13.32. This occurred during an afternoon transition period when children and staff were moving between rooms, which resulted in a short period where the required number of staff were not allocated to the room. The provider has reviewed staffing arrangements and room allocations to ensure that the required adult to child ratios are maintained at all times. To prevent recurrence, the service has strengthened communication and staffing procedures. A transition/ notes section has been added to the daily break cover sheet to record any room transitions or important notes for staff during the day. This supports clearer communication between staff and ensures ratios are monitored during transitions and break cover.

Staff have been reminded of the required ratios for each group and the importance of maintaining ratios at all times. Management will monitor staffing allocations throughout the day, to ensure compliance with ratio requirements.

Supporting documentation submitted

Written evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address this non-compliance.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

(1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:

- (i) details of staff rosters on a daily basis;*
- (j) details of any medication administered to a pre-school child attending the service with signed parental consent;*
- (k) details of any accident, injury or incident involving a pre-school child attending the service.*

Compliance Information

(j)
A sample of 10 medication administration records were available and were reviewed. These records were signed by staff and parents and were completed appropriately.

(k)
A sample of 10 accident and incidents records were available and were reviewed. These records were signed by staff and parents and were completed appropriately.

Non-Compliance Information

(i)
While it is acknowledged that a staff roster was available, it was not adequately detailed to evidence planning for sufficient cover to maintain the required staffing levels. The roster was not detailed by room and did not include two staff members who were present on inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(i)
The registered provider has reviewed the staff roster following the inspection findings. The roster has now been updated to clearly detail staffing arrangements and room allocations. The roster will now be prepared in advance

each week and a daily break cover sheet will also continue to be used to record any additional transitions, staff movements or unexpected changes on the day.

The updated roster now includes: Staff allocated to each room, staff names, daily staff to child ratios, identification of FAR (First Aid Response) trained on duty, break cover arrangements.

This ensures that the roster clearly evidences planning for sufficient staffing levels and supports compliance with the required adult to child ratios at all times. The manager will review the roster daily to ensure it accurately reflects staff allocations, ratios, and the presence of FAR trained staff within the service.

Supporting documentation submitted

Written evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address this non-compliance.

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)(b)

The service had a healthy eating policy in place and staff reported that all children attending bring in a morning snack from home. All other meals were prepared and cooked onsite, and meals were provided at regular intervals. Children had a hot snack at 12:30 and dinner was served at 14:30. Drinking water was available to children throughout the inspection and children were given a drink with their meal. Children were given time to finish their meal.

In the Chestnut room children's hands and faces were cleaned after dinner. Children's nappies were changed regularly, and staff were observed engaging warmly with children when providing this care.

There was a designated nap time in the Chestnut room. All children were made comfortable for sleep, staff provided the children with blankets, and they offered soothers to those who used them and were observed soothing children to sleep.

Children's independence was supported, staff were observed encouraging children to feed themselves, to put their bowls away after their meal and to clean up after their play.

Staff demonstrated warmth during their interactions with the children throughout the inspection. Staff were observed to use gentle tones and praise when promoting positive behaviour in line with the service's behaviour policy.

Staff described how they record information about each child's day using a daily record book detailing information on food, sleep, nappy changes and activities. Parents were observed in the service during arrival and collection times.

The care rooms provided a range of developmentally appropriate play experiences for the children and were adequately resourced with a variety of materials providing children with the freedom to play and explore. Designated areas of interest included small world toys, home corners, construction toys, jigsaws and rest areas with books.

The environments were laid out to support the children's independence. Play materials were observed to be accessible to the children on low level shelving. Low level tables and chairs were available in the care rooms.

A fully enclosed outdoor play area was located to the side of the premises and had artificial grass surfacing. A range of developmentally appropriate play equipment was provided in the outdoor play area. Children were dressed appropriately to the weather when using the outdoor area.

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 entrance door to the service was adequately secured to ensure the safety of the children within and to avoid unauthorised persons accessing the service or children exiting unsupervised.
- The toys and play equipment observed in use by the children on the day of inspection appeared in good working order.
- Cleaning agents and medicines were stored safely out of reach of children.
- All storage facilities were inaccessible to children.

Infection Control:

- Liquid soap, warm water and paper towels were available to facilitate hand washing. Children were supported to wash their hands at regular intervals including after nappy changing and before meals.
- An infection control policy was in place to inform practice. The premises, equipment and materials appeared clean and maintained in good condition.
- Individual bed linen was provided for children and was stored separately when not in use.
- Children's nappies were changed in line with the service's nappy changing policy to reduce the risk of the spread of infection.

Administration of Medication:

- Staff demonstrated, through discussion, that they were familiar with the procedures and practices in place for the administration of temperature reducing medication in line with the service's policy on medication administration.

Safe Sleep:

- Children were physically monitored while sleeping and sleep checks were documented every ten minutes. Discussion with staff demonstrated that staff were familiar with safe sleep guidelines.
- An adult remained in the room at all times where children were sleeping on low beds.

Fire Safety:

- All fire exits were clear of obstruction.

Non-Compliance Information

General Safety:

1. Garda vetting was available for one staff member. However, this vetting disclosure was not dated within the previous three years in adherence with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'.
2. While it is acknowledged that there was a documentary system in place to manage the indoor and outdoor environment risk assessments, it had not been completed in the Chestnut room on the day of inspection or for the two previous days. This non-compliance was present on the last inspection on 13 January 2025. The corrective and preventive actions submitted by the registered provider did not prevent recurrence of this non-compliance.

Infection Control:

Inspectors observed a number of practices which posed a risk of transmission of infection within the service.

3. In the Willow and Oak rooms a swing lid bin was in use to dispose of waste posing a risk of cross contamination.
4. Toilet paper was not stored in toilet roll holders in the sanitary area in the Willow room. Children were required to handle the roll of toilet paper posing a risk of cross contamination.
5. One of the pedal operated bins in the sanitary area of the Willow room was not working.
6. The covering on the couch and padded seat in the Chestnut room was torn in places and could not be effectively cleaned.

Administration of Medication:

7. Practices in place for children attending the service requiring medication were inadequate and at variance with the service policy, posing a potential risk to the health and safety of children as follows.
 - a. There was no documented individual care plan available for one child attending the Oak room who required medication, posing a risk to the timely treatment of the children in the event of an emergency.
 - b. Medication for one child in the Oak room was not stored in its original packaging. This medication was stored loose in a plastic folder and was not labelled with the child's name or individual dosage requirements.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The registered provider acknowledges that one staff member's Garda vetting disclosure was not dated within the previous three years in line with the Early Years Regulatory Notice. The staff member referenced was a relief staff member supporting the service from another branch. A renewal of Garda vetting was submitted and has now been received. The updated Garda vetting disclosure is now held on the staff member's personnel file, and a copy will be attached as supporting documentation. To prevent this occurring again, the provider will ensure that the Recruitment checklist referenced in Regulation 9 is completed for any staff supporting the service from other branches, including verification of Garda vetting and suitability documentation prior to commencing work in the service. This will ensure that all staff working within the service, including relief staff from other branches, meet the required vetting and recruitment documentation requirements.
2. In relation to the risk assessments, the provider acknowledges that the risk assessment for Chestnut room had not been completed for the two days prior to the inspection. This has now been addressed and risk assessments are currently being completed daily for all rooms. To prevent this occurring again, the service has strengthened the risk assessment procedure. Opening shift staff are now required to complete a full risk assessment before rooms open to ensure all areas of the service are checked. In addition, staff will continue to complete and risk assess their rooms before opening their room. Management will review the risk assessments daily to ensure they are completed and maintained consistently.

Infection Control:

3. The provider has reviewed infection control procedures following the inspection findings. It is acknowledged that the service had appropriate bins available in both Willow and Oak rooms, however the waste was not being disposed of in the appropriate bins. To address this, pedal-operated bins have now been added to both rooms to support appropriate waste disposal and reduce the risk of contamination. Pedal-operated bins have been added to Willow and Oak room.
4. Toilet paper is now stored in appropriate holders in the sanitary area of Willow room to prevent children handling toilet paper rolls and reduce the risk of cross contamination. To prevent this happening again,

opening shift risk assessment will be completed alongside the daily room risk assessments to ensure rooms are safe and ready to be used.

5. Management has checked all the bins in this area and confirmed that all bins are currently in working condition. The service will continue to monitor these regularly and replace any equipment if required.
6. The covering on the couch and padded seat in the Chestnut room has been replaced with a new couch to ensure that surfaces can be effectively cleaned and sanitised. Staff have been reminded of infection control procedures and management will monitor practices within the service to ensure these are consistently maintained.

Administration of Medication:

7.
 - a. The provider acknowledges that an individual care plan was not available for one child requiring medication in the Oak room on the day of inspection. The service had previously requested the required documentation from the child's parent. Following the inspection, the service has continued to liaise with the parent to ensure that the appropriate individual care plan and documentation are provided to support the safe administration of medication. However, following further communication, the parent confirmed that the child does not require the medication unless they are unwell. As care plan was not provided and based on the parent's confirmation that the medication is not currently required for ongoing use within the service, the medication has been returned to the parent. The service has ensured that this decision has been documented appropriately. Children requiring medication will not commence attendance at the service until an appropriate individual care plan and all required documentation have been received and reviewed by management.
 - b. The provider acknowledges that an inhaler was observed in the Oak room without its original packaging. Following the inspection, the loose inhaler was returned to the child's parent and the parent has provided a replacement inhaler in its original packaging, which clearly includes the child's name, expiry date and dosage requirements. The medication is now stored appropriately in line with the service's medication policy. The service has reviewed its medication procedures and reinforced the requirement that all medication must be provided in its original packaging with the child's name, expiry date and dosage instructions. Going forward, medication will not be accepted into the service

unless it is in its original packaging and accompanied by the required documentation, including an individual care plan where applicable.

Supporting documentation submitted

General Safety:

Written evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Infection Control:

3. Photographic evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.
4. No supporting documentation submitted
5. No supporting documentation submitted.
6. Photographic evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Administration of Medication:

7. Written and photographic evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address these non-compliances. These actions will be assessed on the next inspection.

Part VI - Safety

Regulation 25 - First aid

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

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

- (a) is safely stored in an easily accessible and conspicuous position on the premises, and*
- (b) is available to the children attending the pre-school service at all times.*

Compliance Information

(1)

A person trained in first aid was immediately available to the children at all times on the day of inspection.

(2)

(a) First aid boxes were safely stored in an easily accessible and conspicuous location within the care rooms.

(b) A first aid box was available to the adults and children in the service at all times.

Part VI - Safety

Regulation 26 - Fire safety measures

(1) A registered provider shall ensure that a record in writing is kept of-

(a) any fire drill that takes place in the premises, and

(b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.

(4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.

Compliance Information

(1)

(a)

A written record was available detailing monthly fire drills that had taken place in the service. The last fire drill was carried out on 18 November 2025.

(b)

The number, type and maintenance record of firefighting equipment and smoke alarms on the premises was available. There was a record to show that the firefighting equipment had been serviced on 30 June 2025, and that quarterly maintenance of the smoke alarm system had taken place on 28 October 2025.

(4)

The procedures to be followed during a fire drill and in the event of a fire were displayed in conspicuous locations within the service.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

A registered provider shall ensure that the premises of the service are-
(e) equipped with adequate and suitable sanitary facilities.

Non-Compliance Information

(e)
There were inadequate toilet and hand-washing facilities for staff in the service. One staff toilet with hand washing facilities was provided for 14 adults employed to work in the service. One toilet with hand washing facilities is required for every eight adults working in the service, one additional toilet and wash hand basin was required.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(e)
The additional staff toilet has been installed in the area previously used as the staff room, thereby increasing the number of available sanitary facilities in line with the regulatory requirements.
The staff room has been relocated to an outdoor shed, which has been installed within the service garden. This new space is designated solely for staff use and ensures that appropriate facilities remain available.
The provider will continue to monitor staff numbers and facilities within the service to ensure that the premises remain compliant with the requirements for adequate staff sanitary facilities.

Supporting documentation submitted

Photographic evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

The corrective and preventive actions as stated by the registered provider have been deemed to address this non-compliance.

Part VII - Premises and Space Requirements

Regulation 30 - Minimum space requirements

(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.

Non-Compliance Information

(2)
The registered provider did not ensure that the minimum amount of clear floor space was available to all children attending the service. On the afternoon of inspection overcrowding was observed in the Cherryblossom room and the Willow room as follows.

- The registered provider did not ensure that the minimum amount of clear floor space was available to the 8 children attending the Cherryblossom room. A total of 16m² was available for the work, play and movement of the eight children attending and 18.3m² was required.
- The registered provider did not ensure that the minimum amount of clear floor space was available to the 16 children attending the Willow room. A total of 27m² was available for the work, play and movement of the 16 children attending and 36.8m² was required.

Children who attend the school age service are accommodated in the Oak room in the afternoon. As a result of this, children who attend the early years service on a full day care basis were required to be accommodated in the Cherryblossom and Willow rooms on the day of inspection. There were 33 full day care children present on the afternoon of inspection. On the busiest day in the service there are 39 full day care children in attendance. A total of 71m² is available for the work, play and movement of the 39 children over the three care rooms allocated for children attending on a full day care basis in the afternoons and 90m² is required.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2)
CAPA 1
The provider acknowledges that on the afternoon of inspection the minimum amount of clear floor space was not available for children in the Cherry Blossom and Willow rooms. This occurred as school age children were

accommodated in the Oak room in the afternoon, which resulted in full day care children being accommodated across the Cherry Blossom and Willow rooms.

Following the inspection, the service has reviewed the use of rooms during the afternoon period, The Oak room has now been allocated for full day care children in the afternoons, full day care children who were previously accommodated in the Cherry Blossom and Willow rooms will now be accommodated in the Oak room during this time to ensure the required clear floor space is available. Parents have been notified of this change in writing, and letters have been issued to all parents providing two months' notice period policy.

CAPA 2

School age children remaining in attendance within the service after the reduction of numbers, will be accommodated in the Willow room.

The provider has reviewed room allocations and daily planning within the service to ensure that room capacity and available floor space are considered when allocating children to rooms. Management will continue to monitor room occupancy and available floor space regularly.

Supporting documentation submitted

Written evidence was submitted to demonstrate the corrective and preventive actions submitted by the registered provider.

Summary Comment

Supporting evidence submitted by the registered provider states that the corrective actions will not be implemented until 11 May 2026, therefore this non-compliance has not been addressed and remains outstanding.