

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2023MH006		
Name of Service:	Dolphins Early Education and Childcare Centre		
Address of Service:	Dun Rioga Close, Dunshaughlin, Co. Meath		
Eircode:	A85 AK68		
Name of Registered Provider:	Jennifer Healy		
Service type:	Full Day, Sessional		
Date of Inspection:	12/06/2025		
Date of Regulatory Compliance Meeting	10/09/2025		
No of pre-school children:	AM	64	PM 55
Address of the Early Years Inspectorate:	180-189 Lakeshore Drive, Airside Business Park, Swords, Co Dublin K67 Y5C6		
Inspection undertaken by:	AM Coyle & Y Kelly		
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	Not applicable.		

Description of service

Dolphins Early Education and Childcare Centre was established in this location in 2023 and is registered to operate from 7.30am to 6.30pm Monday to Friday, accommodating a maximum of 85 children aged 1 to 6 years on a sessional, part-time and full day care basis. The service also accommodates school aged children. The service participates in the state funded early childhood care and education (ECCE) scheme for eligible pre-school children from 9.00am to 12.00 midday daily for 38 weeks each year. There are 5 care rooms in the service namely Room 1, Room 2, Room 3, Room 4 and Room 5 a fully enclosed outdoor play area is located to the rear of the service.

Staffing

There are 20 staff members employed to work in this service, including the area manager and 16 of whom work directly with the children. One staff member was employed in the service to reduce the adult to child ratio and if necessary to work with a child with additional needs, in a post which is funded by the minister as part of the Access and Inclusion Model scheme. One staff member is employed to work with school aged children only; a chef is employed in the service along with a staff member employed to work in a combined role with school aged children in addition to kitchen duties and a service caretaker. The registered provider was not present in the service on the day of inspection and does not work directly with the children attending the service.

Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

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

This inspection was unannounced and focused on the area of governance/ health, welfare and development of child/ safety/ premises and facilities. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations 9, 11,19,23,25 and 26; however, on inspection additional non-compliance which posed a risk was identified under Regulations 8, 16 and 20. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under regulation 16 – Record in relation to pre-school service

Inspection findings are documented in the inspection report which is first issued in draft format to the service with an opportunity to respond to any findings. Where statutory requirements are identified as not being met, the registered provider must demonstrate how they have rectified the non-compliance and will prevent any non-compliance from re occurring. The Corrective Action and Preventive Action plan (CAPA) will be used to inform decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements an escalation process may be commenced.

The inspectorate reserves the right to edit responses received for reasons including clarity, completeness and compliance with administrative and legal processes.

The contents of the report are compiled by the inspectorate body.

Additional Information

The registered provider attended a Regulatory Compliance Meeting (RCM) on 10/09/2025 to discuss the outstanding non compliances that had not been addressed through the corrective and preventative actions which were submitted in relation to regulation 20 – Facilities for rest and play. The outstanding non compliances were discussed with follow up actions agreed. Following the RCM the registered provider forwarded documentary evidence that addressed the outstanding non compliances which have been accepted by the Inspectorate.

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.

Non-Compliance Information

(1) The registered provider failed to notify the Early Years Inspectorate of a change in circumstances in relation to the following as per the schedule 4 Form for Notification of Change in Circumstances:

- The details in relation to the person in charge were at variance with the information listed on the national register.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(1) A Change in Circumstance was completed to reflect the new service manager as the person in charge on the register.

Preventive Action

(1) The area manager had stepped into the role while the service awaited the new manager to join the service, and the information was not updated on time. The service will ensure that through sufficient notice periods of change of management staff, they will update registration information in a timely manner.

Supporting documentation submitted

Copy of letter accepting change in circumstances form.

Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 8 - Notification of change in circumstances has been adequately addressed.

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,
- (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.

Compliance Information

(1)(a) The area manager was the designated person in charge of the service and a named person was appointed to deputise as required.

(b) The area manager was present and in charge of the service when the inspectors arrived unannounced on the day of inspection and was present in the service for the duration of the inspection.

All staff files were reviewed, maintained in respect of the 20 staff members employed in the service, 16 of whom work directly with the children.

(2)(a) Thirty-three written and validated references were available for the staff members whose files were reviewed.

(b) Five written and validated references available for the staff members whose files were reviewed.

(c) Garda vetting disclosures had been obtained for all staff members with these records demonstrating compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d) International police vetting was available for 3 staff members whose staff files demonstrated had resided outside of the Irish jurisdiction for more than 6 consecutive months as adults.

(4) The area manager and the 13 staff members who work directly with the pre-school children in the service all held a major award in Early Childhood Care and Education at Level 5 - 8 on the National Framework of Qualifications (NFQ) or a qualification deemed by the Minister to be equivalent.

Non-Compliance Information

(2)(a) & (b) Two validated written references were not available for one staff member in the service.

(3) Following a review of the staff files and a previous staff roster it was apparent that the registered provider had not carried out the procedures required under regulation 9(2)(a) and (b) and (c) in relation to 3 staff members prior to them commencing work in the service.

- Two written and validate references had not been obtained for one staff member
- Garda vetting disclosures for 2 staff members were dated after their start date.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(2)(a) & (b) Service has updated staff members file to reflect the references they received however had not updated the files to reflect this before she started. Staff member started on the 9th of June, and manager verified her references on the day, but did not have them on file on the day of the inspection. This was an oversight and has been rectified.

(3) Two staff members had started before their garda vetting returned. Service ensured that the 2 staff undertook training and did not work directly with the children. Once the garda vetting returned the staff were allowed to be around the children.

Preventive Action

(2)(a) & (b) To ensure this does not happen again, they have asked the assistant manager to do regular checks on the staff files to ensure compliance.

(3) Having spoken to inspectors, manager understand it is best practice to wait until a staff members garda vetting returns before commencing work. They have now included this in their letter of job offer and new employees are made aware that they cannot start until the vetting returns. One staff member's Garda vetting was received on the day of the inspection and available to view as an email. Regular checks of staff files will be conducted to ensure all vetting is visible and correct.

Supporting documentation submitted

Two validated written references.

Summary Comment

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

Part III – Management and Staff

Regulation 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

(2) The adult to child ratios were correct in the service when the inspectors arrived unannounced and remained so throughout the inspection. The following adult to child ratios were observed when the service was operating at capacity during the inspection:

- In Room 1 there were 8 children aged between 3 years 4 months and 4 years 5 months being cared for by 2 staff members.
- In Room 2 there were 10 children aged between 2 years 3 months and 3 years 1 month being cared for by 2 staff members.

- In Room 3 there were 9 children aged between 1 Years 3 months and 2 years being cared for by 2 staff members.
- In Room 4 there were 17 children aged between 3 years 10 months and 5 years 5 months being cared for by 4 staff members.
- In Room 5 there were 20 children aged between 3 years 2 months and 5 years 4 months being cared for by 3 staff members.

The area manager, deputy manager and relief staff member were available to cover staff breaks and support with the care of the children in the five care rooms when required.

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

Non-Compliance Information

(1) During the care routines in Room 2 it was observed that there was not an adequate number of adults available to facilitate smooth transitions and timely care practices. The following was observed:

- At 11.20am one staff member was trying to facilitate snack time with 9 children. The second staff member had remained in the garden with 1 child. The staff member in the room with the 9 children was responsible for ensuring children washed their hands, sat at the table and preparing the snack. While children waited, they had minor disputes together and the staff member reminded them to have 'gentle hands'. As the snack time environment became less relaxed and sociable, the staff member had to ask the second staff member to return to the room with the remaining child to assist.
- While one staff member changed the nappies, the second staff member remained in the room supervising the children while also trying to tidy the room. At one point 2 children became involved in a minor dispute and needed the staff members attention. Although staff communicated together what the children needed, it was difficult to achieve a calmer environment while one person was changing nappies.
- At 12.35pm after staff had placed stackable beds in position one staff member was trying to settle 8 children to sleep. While this was on-going the second member of staff member was occupied with 2 children who were not sleeping at this time. These children were playing and engaged in an activity.
- The room was not readily prepared to create a calm sleeping environment. The 8 children were eventually placed to sleep at 1:14pm.

Although the minimum ratio was being maintained the observations above demonstrated that this was not an adequate number of adults to facilitate smooth transitions and care practices in this room. The result was a

disrupted environment, children having minor disputes together and an impact on children settling to sleep in a timely manner.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(1) Having discussed the Toddler room with both inspectors, manager made the decision to restructure the staff in the Toddler room. Teamwork was discussed at the staff meeting. A staff member is now available earlier than required to offer help and support at mealtimes and sleep times. If the staff need assistance the relief staff is on hand to offer that support when needed. Management have also reiterated the fact that they are available to help during transitions, nappy changes or mealtimes etc.

Preventive Action

(1) Manager has spoken to staff regarding teamwork and how all staff need to pull together. Staff have been requested to come to management if they feel that they are struggling in their rooms.

Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 11 - Staffing levels has been adequately addressed.

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:

(j) details of any medication administered to a pre-school child attending the service with signed parental consent;

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

Compliance Information

(1) (k) The service had a record in writing of the details of accidents, injuries and incidents involving pre-school children. Twenty records were sampled and found to be clear and legible and included parental signatures to confirm that had been informed and were aware of the incident involving their child.

Non-Compliance Information

(1)(j) Not all medication administration forms maintained in the service were complete as some of the forms reviewed on the day of inspection showed that temperature-reducing medication and prescribed medication had been administered to children attending the service and these forms had not been signed by either staff members or children’s parents or guardians. Examples of this practice included forms maintained in relation medication administered in the service on 13/11/2024, 19/02/25, 07/03/2025 and 18/03/25.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(1)(j) The medicine forms not signed were from 13/11/2024, 19/02/25, 07/03/25 and 18/03/25. We have spoken with all staff and reiterated the importance of ensuring that parents sign the form. The management checklist has been updated to include regular checks of the administration of medicine forms.

Preventive Action

(1)(j) Regular checks by management to ensure all medicine administration forms are filled in and signed correctly will be carried out. We have put a notice in the office as a reminder to all management

Summary Comment

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 16 – Record in relation to pre-school service has been adequately addressed.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

(1) A registered provider shall, in providing a pre-school service, ensure that-

(a) each child’s learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and

Compliance Information

(1)(a) The following observations are examples of how each child’s learning, development and well-being was facilitated within the service:

Basic needs:

- The service provides all meals and snacks to children attending the service on a full day care basis. Dinner is cooked in the onsite kitchen each day with mince stew with vegetables and potatoes served on the day of inspection and French toast served for tea. Mealtimes were observed to be a social and pleasant experience with staff sitting with the children while they ate, chatting and encouraging conversation with the children. Children's water bottles were accessible to them in the care rooms to enable them to take a drink as they desired throughout the day.
- The children had their nappies changed at scheduled times throughout the day and more frequently as needed. The children who were toilet trained were encouraged to use the toilet independently and gently reminded to wash their hands afterwards.
- The children in Room 2 (aged 2-3 years) slept on sleep mats on the floor of the care room after they had their dinner, the children in Room 4 and Room 5 who needed to sleep were facilitated to do so on sleep mats in the care room. Rest areas consisting of rugs, cushions or sofas were provided throughout the care rooms for children to take a break from activities as they chose throughout the day.
- Throughout the care rooms in the service the staff members were observed to be sensitive and responsive in promoting positive behaviours. When minor disputes arose in the care rooms the staff members supported the children to find positive solutions.

Supporting relationships around children:

- The staff members were observed to be warm and kind to the children in their care. The children were very familiar with the staff members in their care rooms and sought them out for support and guidance as they required it.
- The service used a software technology application to provide information to parents in relation to updates on eating, nappy changes, activities and sleep on a daily basis.
- Staff members greeted children and parents individually on arrival and departure from the service, spending time conversing and sharing information with them.
- The staff members in the service were observed to support each other in the care of the children and regularly updated each other in relation to the care of the children particularly around staff break times. This practice ensures a smooth transition of care for the children.

Physical and material environment:

- Throughout the care rooms the play materials and equipment were displayed and accessible on low level shelving to promote the children's choice and independence when selecting their play opportunities.

- Tables and chairs provided in the care rooms were appropriate to the age and stage of the children attending the individual care rooms.
- Interest areas available in the care rooms included home areas, construction toys, arts and crafts materials and a range of reading resources. The layout of the interest area in Room 1, Room 4 and Room 5 supported the children in making independent play choices which in turn were endorsed by the staff members present who were observed to be willing play partners with the children guiding and supporting them in their play options.
- An enclosed outdoor area was located to the rear of the service with direct access available from Room 5 with additional smaller enclosed outdoor spaces also provided outside Room 1, Room 2, Room 3 and Room 4 which were directly accessible from the individual care rooms. The large play area had a concrete perimeter with an artificial grass surface in the centre. A playhouse, dome climber and ride on toys were provided for the children to use. The outdoor areas accessible from the care rooms were covered with rigid plastic roofing which enabled the children to access the area regardless of the weather, the areas were surfaced in concrete with staff members from the individual care rooms bringing play materials outside for the children to use. Due to the inclement weather conditions on the day of inspection the children were unable to access the outdoor area immediately adjacent to Room 5.

Non-Compliance Information

Physical and material environment:

1. The play kitchen in Room 3 was insufficiently resourced to facilitate meaningful play as there was no supportive play materials provided alongside the kitchen for the children to use.
2. A suitable chair was not provided in Room 3 which accommodates the youngest children in the service for the adults in the room to comfort a child with ease should the need arise.
3. There were no play resources available to support the children to use the play kitchen in the outdoor play area off Room 2.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action:

Physical and material environment:

1. Room 3 has been equipped with extra materials for children to engage with in the home area, including a small table to extend their play, with added resources to suit the children's age group, for imaginary play using real life materials.

2. There has been since a chair added to room 3 to support staff and comfort children if needed. The chair has been added to the cosy corner beside story books for children and staff to engage with.
3. Room 2 has since rearranged their outdoor play area with new materials based on the children's interests. The outdoor side area of room 2 no longer has a home corner.

Preventive Action

Physical and material environment:

Ensure all rooms are equipped with the appropriate materials in each area of play to support and extend children's current and emerging interests.

Supporting documentation submitted

Photographs of room environments.

Summary Comment

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

Part 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-

(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.

(3) A registered provider of a full day care service, a part-time day care service or a childminding service, other than such a service to which paragraph (2) applies, shall ensure that-

(a) a suitable, safe and secure outdoor space to which the pre-school children attending the service have access on a daily basis is provided on the premises, or

Compliance Information

(3)(a) An enclosed outdoor area is located to the rear of the service; the area has a section of artificial grass in the centre of the area with a concrete area around the perimeter. The outdoor area is surrounded with a combination of concrete walls and wooden fencing and is secured by 2 side gates. Additional sheltered outdoor spaces are provided immediately outside Room 1, Room 2, Room 3 and Room 4.

Non-Compliance Information

(1)(b)

Adequate and suitable sleep facilities were not provided in the service for children under 24 months as demonstrated by the following:

- There were no cots readily available to children under 24 months. On the day of the inspection 9 children under 24 months slept on floor beds. Staff members stated that children commence attendance in the service at 15 months and are automatically assigned to sleep on a floor bed. This practice may not always be based on the children’s developmental readiness or with prior parental permission, which is a requirement as per the Early Years Inspectorate “Guidance for the early learning and care sector on sleep provision for children under 24 months”. In one of the sleep plans reviewed the parents had stated they were concerned about their child using a sleep bed stating it “may be too much of a transition in addition to commencing in the service”. Another parent noted on a second sleep plan “the child would prefer a cot to sleep in”. Staff members confirmed that there were no cots readily available in the service should a child’s needs indicate they are not ready for a floor bed, a parent outline the child preferred a cot or should a child find it difficult to settle on a floor bed. This practice is at variance to the Tusla guidelines on sleep provision for children under 24 months and does not support child led holistic sleep practice which must be based on a partnership approach between the children’s parent/guardian and the early years staff.
- A designated sleep room was not provided in the service for the children under 24 months. Room 3, where the youngest children aged 1 to 2 years attending the service are cared for, accommodates up to 10 children at any one time. The children slept on floor beds in the care room typically at one scheduled time. This is a service led approach rather than based on the individual needs of the children. Given the age of the children, they could potentially find it difficult to settle to sleep if they required sleep outside of the scheduled sleep time. This may also impact the services ability to accommodate child-led sleep routines for children under 24 months. When the service opened in November 2023 it was recorded on the fit for purpose inspection carried out on 19/09/2023 that the service had a designated sleep room with cots to facilitate child-led sleep routines for children under 24 months. This was no longer available as it is now used as a staff room.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(1)(b) Having taken the advice from inspectors on the day of the inspection, manager is now aware that parents may have believed service had an option to sleep in a cot. Manager has since created a sleep plan and information sheet for parents of Wobblers. Manager has explained the fact that service no longer has a cot room and as their age intake has risen to 15 months all children starting sleep in their Tusla approved floor beds. These are positioned in the care room when a child is tired. They also have a photo of the floor beds positioned in the care room on the wall so the children can point to the bed to let staff know they want to lie down. Manager has also spoken to staff and reiterated the fact that they are child led and if a child does not want to sleep, other activities should be available to them whilst the children who want to sleep can rest.

Preventive Action

(1)(b) Manager informs parents of the wobbler sleep when they send the initial email, then they have information available on the sleep plan. This will ensure that parents can choose whether they want their child to avail of service's sleep practices before registering for their service.

Supporting documentation submitted

Post RCM:

Photograph of recently constructed sleep area with 3 cots available.

Updated sleep policy.

Summary Comment

The inspectors have reviewed the actions and evidence submitted in both CAPA 1 and CAPA 2. The corrective and preventative actions submitted did not satisfactorily address the non-compliances identified on inspection. The registered provider was invited to attend an RCM to discuss the outstanding issues and to agree an appropriate plan for the service. Following the RCM the registered provider submitted photographic evidence of a new sleep area in the service accommodating 3 cots and the policy was revised. The noncompliance identified under regulation 20 – Facilities for rest and play now has been adequately addressed.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

A registered provider shall ensure that all reasonable measures are taken to safeguard the health, safety and welfare of a pre-school child attending the service and that the environment of the service is safe.

Compliance Information

General Safety:

- The entrance door leading into the service were appropriately secured. The main entrance door was accessible through a call system which was operated by staff members.
- The kitchen was inaccessible to the children.
- Cleaning agents were stored safely out of the reach of children.
- Emergency exits were unobstructed.

Infection Control:

- Pedal operated lidded nappy bins were provided for the disposal of nappies which reduced the risk of cross-infection.

Administration of Medication:

- Medications were stored out of the reach of children. No children were observed having medication administered on the day of inspection.

Safe Sleep:

- The inspectors observed that 10-minute sleep check observations noting each child's colour, position and breathing pattern were being performed and documented on all sleeping children.

Fire Safety:

- Documentary evidence was available to confirm that fire drills are completed on a regular basis in the service to familiarise both staff and children with the evacuation process in the event of an emergency.

Non-Compliance Information

Infection Control:

1. The water in the sanitary area adjacent to Room 3, Room 4 and Room 5 was cold, this does not support effective hand hygiene.
2. The steps in the services nappy changing policy were observed not to be followed as evidenced by the following:
 - Some of the children's hands were observed not to have their hands washed following nappy changing.
 - A staff member was observed not to wash their hands in after changing children's nappies.
 - The nappy changing mat was not always cleaned in between changing children's nappies.

Safe Sleep:

3. On the day of inspection documented sleep plans were not completed for 3 children aged under 24 months who were in attendance in the service and slept on floor beds to demonstrate that parents/guardians had been provided with the opportunity to make an informed choice regarding their children's sleep preferences and requirements.
4. Sleep plans that were available for 3 children aged under 24 months in the service contained minimal information, with 2 forms including the child's name and parents name only with no parental signatures or further evidence that the decision for the child to sleep on a floor bed had been conducted in a collaborative manner. A total of four sleep plans were not signed by parents or guardians.

Action submitted by the Registered Provider

Corrective Action

Infection Control:

1. All warm running water has been checked in rooms ensuring it meets the correct temperature for safe hand washing practices. On the day the water was turned off as in error of water temperature.
2. Staff have been made aware of the service infection control during these times of transition and the steps taken. All rooms have a copy of the infection control policy, while changing nappies.

Safe Sleep:

3. Sleep plans have been signed by children's parents, some of the children have since moved up to toddler room while another child is away on holidays. All new children starting have up to date sleep plans signed by parents.
4. Collaboration with parents when new children start is essential and explanation to sleep plans and Wesco floor beds upon starting date. Ensure parents are happy with service safe sleep policy.

Preventive Action

Infection Control:

1. Water is checked regularly in all rooms for safe hand hygiene and hand washing practices. All water temperatures should be no greater than 43 degrees Celsius.
2. With regards to the infection control policy, ensuring all staff know the steps and protocol to correct nappy changing procedures, while following policy of the service to meet needs of the children while following correct protocol.

Safe Sleep:

3. To ensure all parents sign and are aware of sleeping policies of children from 15 months within the service, with a copy of the risk assessment forms.
4. Parents will be emailed information of sleep plans before children's start date to always have a hard copy of the policy on hand of all information included.

Supporting documentation submitted

Sleep policy.

Infection control policy.

Nappy changing policy.

Photographs of water temperatures.

Sleep care plans.

Summary Comment

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

Part VI - Safety

Regulation 25 - First aid

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

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

(a) is safely stored in an easily accessible and conspicuous position on the premises, and

(b) is available to the children attending the pre-school service at all times.

Compliance Information

(1) A person trained in first aid including first aid responder (FAR) training was immediately available to the children attending the pre-school service as evidenced in the staff roster and the in-date FAR certifications provided for inspection.

(2)(a) and (b) The first aid boxes were suitably equipped and safely stored in readily accessible positions on the premises, out of the reach of children.

Part VI - Safety

Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-
- (a) any fire drill that takes place in the premises, and
 - (b) the number, type and maintenance record of firefighting equipment and smoke alarms in the premises.
- (4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.

Compliance Information

- (1)(a) A record was maintained of all fire drills which had been completed in the service. The records indicated and staff members reported that fire drills were carried out monthly.
- (b) A record was kept of the maintenance of the smoke alarms in the premises which were certified as having been serviced most recently on 23/10/2024.
- (4) The evacuation procedure was conspicuously displayed on the premises which contained details in relation to the procedure to be conducted in the event of a fire or emergency in the service.

Non-Compliance Information

- (b) A record was not available to demonstrate that the Fire extinguishers in the premises were serviced on an annual basis.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

- (b) To ensure updated fire extinguisher certificate is on hand to view and access, with appropriate annual reviews and dated.

Preventive Action

- (b) The fire extinguisher certificate is now stored in the fire drill folder in the office for easy access for future reference.

Supporting documentation submitted

Fire extinguisher maintenance certificate.

Summary Comment

Early Years Inspectorate Regulatory Report Pre School

The inspectors have reviewed the actions and evidence submitted. The noncompliance identified under regulation 26 Fire safety measures has been adequately addressed.