

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2024KE001
<b>Name of Service:</b>	Maap Childcare Limited T/A Tots Creche and Daycare Nursery
<b>Address of Service:</b>	Castle Park, Dunboyne Rd., Maynooth, Co. Kildare
<b>Eircode:</b>	W23 DX8P
<b>Name of Registered Provider:</b>	Annette Akerlind, Audrey Murray
<b>Service type:</b>	Full Day, Part Time, Sessional
<b>Date 1 of Inspection:</b>	20/01/2025
<b>Date 2 of Inspection:</b>	21/01/2025

<b>No of pre-school children: Day 1</b>	AM	49	PM	33
<b>No of pre-school children: Day 2</b>	AM	52	PM	41

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, Child & Family Agency, Suite 7, Vista Primary Care, Ballymore Eustace Road, Naas, Co. Kildare, W91 X38W.
<b>Inspection undertaken by:</b>	E. Mulhern and R. Phillips
<b>Title:</b>	Early Years Inspectors

### Authority to Inspect

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

Conditions if applicable

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### Description of service

Maap Childcare Limited T/A Tots Creche and Daycare Nursery, Castle Park opened in 2024. It is one of 10 private services operated by the registered providers. It provides full day care, part time and a sessional service to children aged 0-6 years from 07:00 to 18:30, Monday to Friday. The sessional service operates from 09:30 to 12:30. The service is located in a purpose-built, single-story building within a housing estate on the outskirts of Maynooth. The premises includes five care rooms, a cot room, and an outdoor area at the rear of the building.

### Staffing

There are 15 staff employed to work in the service including the service manager, the cook, a staff member who works directly with school aged children and a bus driver for school aged children. Ten staff members are employed to work directly with the pre-school children, eight of whom were present during the inspection. Seven additional adults were present at times during the inspection including one registered provider, two relief staff members, two area managers and a student.

### 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 areas of governance / health, welfare and development of child / notifications and complaints. The inspection may also focus on other areas as required.

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

Regulation 9(1), (2), (3), (4), & (7)(a) – Management and Recruitment

Regulation 10 – Policies Procedures etc. of Pre-School Service

Regulation 11(1) & (2) – Staffing Levels

Regulation 19(1)(b) & (3) – Health, Welfare and Development of Child

Regulation 32 – Complaints

However, on inspection additional non-compliance which posed a risk was identified under the following regulations:

Regulation 8 – Notification of Change of Circumstances

Regulation 20 – Facilities for Rest and Play

Regulation 27 – Supervision

Regulation 30 – Minimum Space Requirements

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

A sampling process was used to assess compliance under regulation 19(1)(b) & (3). This regulation was inspected on Day 1 of the inspection and included the Baby and Wobbler rooms.

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

#### Immediate Action Notice

Regulation 9(2)(c): An Immediate Action Notice was issued on 22 January 2025 as a mandatory Garda vetting disclosure was not available for one person who was present in the service on Day 1 of the inspection, contrary to the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. A response was received from the registered provider on 23 January 2025 outlining actions taken to address the risk including a copy of the outstanding Garda vetting disclosure.

### Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, person in charge, staff and children who were present on the days 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 providers did not notify the Early Years Inspectorate of a change made to the person in charge of the service as required. Through discussions with management, it was confirmed that the person in charge named on the register ceased working in the service on 28 June 2024. The person in charge present on inspection was appointed to the position on 8 July 2024.

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

#### Corrective and Preventive Action

The change of circumstance has been approved. A change of circumstance application will be sent to the department as required in future.

#### Supporting documentation submitted

Copy of proposed change in circumstance application.

### Summary Comment

A further change was made to the person in charge following the registered providers submitted actions. The change was notified to the Early Years Inspectorate. The requirement has been met.

## 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,*

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

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

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

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

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

*(a) the policies, procedures and statements of the service specified in Schedule 5;*

### Compliance Information

- (1)
- (a) The service had a person in charge and a named person to deputise.
- (b) The person in charge or a person who could deputise were always on the premises during the inspection. The staff roster provided for the person in charge or a person who could deputise to be present at all times of opening.

### Non-Compliance Information

- (2) The inspection focused on the recruitment records for 19 adults.
- (2)
- (a) & (b) It is acknowledged that references were available for 18 adults. However, there were no references available for one adult who had access to children in the Baby room on Day 1 of the inspection. This regulation was non-compliant on the previous inspection dated 9 May 2024. The corrective and preventive actions submitted by the registered providers following that inspection had not been effective in addressing the non-compliance.
- (c) It is acknowledged that Garda vetting disclosures were available for 18 adults and had been renewed in accordance with the Early Years Inspectorate Regulatory Notice, which requires services to renew Garda vetting every three years. However, a Garda vetting disclosure was not available for one adult who had access to children in the Baby room on Day 1 of the inspection. The adult left when the inspectors arrived at the service. An

Immediate Action Notice was issued on 22 January 2025 due to the risk posed. The registered providers submitted a response on 23 January 2025 with supporting evidence which appropriately addressed the risk.

(d) It is acknowledged that international police vetting had been sourced for 10 adults who had lived in another state for more than six months as an adult. However, international police vetting was not available for four adults who had lived in another state as adults for more than six consecutive months. This regulation was non-compliant on the previous inspection dated 9 May 2024. The corrective and preventive actions submitted by the registered providers following that inspection had not been effective in addressing the non-compliance.

(3) The records outlined under regulation 9(2) had not been sought prior to these adults having access to children. In addition, reference record checks had not been verified prior to four staff members commencing in the service. The checks were dated from one week to four months after the start date of the adults. This regulation was non-compliant on the previous inspection dated 9 May 2024. The corrective and preventive actions submitted by the registered providers following that inspection had not been effective. The four adults had been employed after that inspection.

(4) It is acknowledged that all staff documented on the roster and two relief staff members who worked directly with children held at least a major award in Early Childhood Care and Education at Level 5 on the National Framework of Qualifications or a qualification deemed equivalent by the Minister. However, one adult who was reported by staff to have worked directly with children in the Baby room on the morning of Day 1 of the inspection did not hold a major award in Early Childhood Care and Education at Level 5 on the National Framework of Qualifications or a qualification deemed equivalent by the Minister. This regulation was non-compliant on the previous inspection dated 9 May 2024. The corrective and preventive actions submitted by the registered providers following that inspection had not been effective in addressing the non-compliance.

(7)(a) It is acknowledged that staff reported they attend regular one-to-one supervision meetings with the manager and detailed records were available of the meetings. However, it was not evident that staff were provided with appropriate information in relation to the services policies and procedures. Management reported that all staff are given a copy of the services policies to read during their induction. Two of the six policies inspected had multiple versions available. It was not clear which version the staff members had been provided with. One staff member told the inspectors that although she was given the policies on her first day, she did not

have time to read them as she was working directly with children. Only one staff member had signed the service's record to indicate they had read the services policies and procedures.

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

#### Corrective and Preventive Action

(2) (a), (b) (c) (d) All staff files were being uploaded to the services new staff portal (as the company is trying to go paperless) which would allow for managers to view all paperwork before staff are allowed in the service. Some of the staff files had not uploaded properly to the portal and could not be downloaded on the day of inspection. This has been rectified. All files are available on the service portal and have been printed to make sure there is not an issue with downloading and viewing staff files again.

(3) All staff references had been sought prior to the staff start dates and had been checked and verified by the area manager and recruitment specialist prior to the staffs offer of a position in the company. Staff are not allowed enter a service until the area managers have checked all staff files including vetting. A meeting was held after the inspection. Service managers reported they have been signing references as checked and validated when staff moved from another service after induction training or if they permanently move to another service. It is only when managers were updating the file in their service they may have put in that date by mistake. This has been rectified.

(4) This employee works in the head office. The employee is not qualified so is therefore not allowed to work directly with children. Regulations regarding unqualified employees not working directly with children is always adhered to.

(7)(a) The staff have all read policies and procedures whilst doing their induction training. Some staff read policies and will then do the practical induction training in the care rooms, others will do some practical induction training before reading policies and procedures. Signature pages have been signed by all staff in the service to show staff have re-read all policies and procedures in the service.

#### Supporting documentation submitted

- Copies of outstanding references with record of verification.
- Copy of outstanding Garda vetting disclosure.

- Copies of outstanding international police vetting.
- Copy of 'Recruitment Specialist and HR Department Policy and Procedure' (reviewed 2 February 2025).
- Signature list dated from January to March 2025 indicating staff have read and understood all service policies and procedures.

### Summary Comment

The actions submitted have been deemed to adequately address the non-compliances.

## Part III – Management and Staff

### Regulation 10 - Policies, procedures etc. of pre-school service

*A registered provider of a pre-school service shall ensure that the written policies, procedures and statements specified in Schedule 5 are in place for the service.*

### Compliance Information

The inspection focused on six policies specified in Schedule 5 – complaints, settling-in, managing behaviour, recruitment, supervision of staff and staff training. Information regarding the complaints policy is included under regulation 32.

#### Staff training policy

The staff training policy included the following information as required:

- How staff training needs are identified and addressed
- What resources are provided for training
- Induction training
- The availability of ongoing training and professional development
- The storage of staff training records

### Non-Compliance Information

#### 1. Settling-in policy

It is acknowledged the settling-in policy included information regarding supporting children's initial transitions into the service. However, the policy did not include information regarding the following:

- a) Managing children's daily transitions into the service and leaving for home
- b) Managing transitions within routines and from one type of activity to another
- c) Separations from familiar people and/or rooms within the setting
- d) How the service liaises with schools or communicates and exchanges information (with parent's/guardian's consent).

### 2. Managing behaviour policy

It is acknowledged the managing behaviour policy included information regarding supporting children's wellbeing. It also stated prohibited practices and procedures for the protection and welfare of children are managed in line with the service's safeguarding statement. However, the policy was not compliant with requirements as follows:

- a) The policy did not outline the service's procedures for managing behaviour with regard to the different ages and stages of the children.
- b) The policy included procedures relating to a child going missing from a service which could make the procedures for managing behaviour difficult for staff or parents/guardians to follow.

### 3. Recruitment policy

It is acknowledged the recruitment policy included procedures to be followed when hiring employees and unpaid workers including obtaining international police vetting where required and obtaining and verifying references. However, the policy was not compliant with requirements as follows:

- a) There was no information regarding requirements for students.
- b) There was no information regarding procedures for managing vetting disclosures.
- c) The vetting procedures stated that candidates require 'police vetting or police clearance' for any country they lived in for more than six months as an adult. Although it was clear that international police vetting was required where the candidate had lived in another state, it was not clear that vetting disclosures were required from the National Vetting Bureau of the Garda Síochána for all adults.

### 4. Staff supervision policy

It is acknowledged the staff supervision policy included information regarding how employees are supervised and supported in relation to their work practices; the format, duration and frequency of supervision including induction and ongoing supervision. It included information regarding what records will be kept and how these will be stored. However, the policy did not include the length of time that staff supervision records would be kept.

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

#### Corrective and Preventive Action

The policies have been updated.

#### Supporting documentation submitted

Copies of updated policies.

### Summary Comment

The policies were reviewed and have been deemed to adequately address the non-compliance.

## 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.*

### Non-Compliance Information

(1) Inspectors observed that there were not an adequate number of adults available to meet the needs of the children as outlined below. It is acknowledged that the service manager had identified the need for additional staffing and had consulted with the area manager in relation to this the week beginning 6 January 2025.

1. There were not enough adults available to provide the attention and comfort required by the children in the Wobbler room who were displaying signs of overtiredness between 12:10 and 12:55. Further information is documented under regulation 20 – point 3.

2. There were not always enough adults available to meet the needs of the children in the Baby room in a timely manner. Staff were observed calling for relief cover to change children's nappies or put them to sleep at various times during the day. A person was not always available to provide cover when needed. Further information is detailed under regulation 19(1)(b) – point 3.

(2) It is acknowledged that the minimum adult to child ratio was maintained on both days of the inspection. On Day 1 of the inspection there was a person to manage, and eight adults rostered to work directly with 49 children. Two additional relief staff members arrived during the inspection - one at 10:10 and a second at 11:05. This provided for 10 adults to work directly with a maximum 49 children outside of staff break times. On Day 2 of the inspection there was a person to manage, and eight adults rostered to work directly with 52 children. Two additional relief staff members were present. This provided for 10 adults to work directly with a maximum 52 children outside of staff break times. However, through review of documentation and discussions with staff it was evident that the minimum ratio requirement of adults to children was not always maintained when staff took their allocated breaks as outlined:

1. There were nine children aged 1-2 years present in the Baby room on the first day of inspection with two adults. An adult who was not rostered arrived from another of the registered providers services at 11:05 and provided cover for staff breaks. Staff reported that this was not usual practice. They stated that there is usually one adult working directly with these children for a two-hour period when each adult takes their break. This was confirmed through review of the staff roster, discussions with management and review of staff sign in/out records for the previous week. Attendance records showed there had been between 8 and 10 children present each day the previous week. It is acknowledged that staff reported the manager undertakes checks on the children who are sleeping during this period.

2. Through discussions with staff, and review of attendance records it was confirmed there were between 32 and 39 children aged 1-6 years present between the Wobbler, Toddler, Preschool 1 and Preschool 2 rooms the previous week during staff break periods. A minimum of five to six adults were required during this period according to the ages and numbers of the children present on each day. Through review of the staff roster, sign in/out records and discussions with staff it was confirmed that between four and five adults were working directly with the children daily during these periods.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(1) & (2) The recruitment specialist had received a request for additional staffing from the service manager in January and was interviewing and hiring staff for this service. Since the inspection three additional staff have been employed and one staff member that was on long term leave has returned to work. The Manager and area managers have held a staff meeting since this inspection and have outlined times throughout the day that need more support. Additional staffing in this service that are not rostered into a room are available for such times that staff are out sick.

### Supporting documentation submitted

Staff roster and lunch cover roster dated week beginning 10 March 2025.

## Summary Comment

The actions submitted by the registered provider have been deemed to appropriately address the 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-*

*(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.*

*(3) A registered provider shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of a pre-school child whilst attending the service.*

## Compliance Information

(3) The adults spoke kindly to the children and were gentle when assisting with their care needs. The staff were aware of practices that are prohibited under the regulation.

### Non-Compliance Information

(1)(b)

1. The registered providers did not ensure that drinks were always available to the children as outlined below. This was at variance with the service health eating policy which stated 'We encourage children to drink water throughout the day. They have a choice of milk and water at all mealtimes'.

a) Drinks were not made available to children attending the Baby room on Day 1 of the inspection while the inspector was present from 10:46 until 14:03. The children's beakers were empty, and no drinks were offered before, during or after the main meal. One child was observed reaching up to the beakers and saying "water" repeatedly with no response from the adults.

b) The jug of water and cups in the Wobbler room was stored on a shelf out of sight and reach of the children. The carton of milk that was brought to the room by the chef for mealtime was not offered. The adults poured a drink of water for each child before the main meal, however many of the children spilled these while waiting on the meal. The cups were removed and no other drinks were offered.

2. The registered providers did not ensure that appropriate care practices were in place in relation to mealtimes.

a) The transitions to the main meal in the Baby and Wobbler rooms were not appropriately managed. There were not enough chairs in either room when the staff attempted to seat the children. Staff called repeatedly for assistance to locate chairs and bibs. The transitions took approximately 15 minutes in the Baby room and 27 minutes in the Wobbler room during which time the children were unsettled. See further detail under point 3. c) below. Two children in the Baby room were placed on chairs that were too high. One of the chairs was much too high for the child posing a risk of a fall and injury. It is acknowledged an adult recognised this and remained beside the child throughout their meal. The issue regarding seating was observed on the previous inspection dated 9 May 2024. The corrective and preventive actions submitted by the registered providers following that inspection had not been effective in addressing the non-compliance.

b) An adult did not always sit with children in the Baby room who were eating outside of the designated meal time. The adults engaged in other duties while one child who ate slowly was halfway through their meal. The child spilled this on themselves and was not offered any more. A second child was placed in a highchair to have their meal when they woke up from their nap. No adult sat with the child throughout the entire meal to provide for a social experience. Further detail in relation to supervision at mealtimes is recorded under regulation 27. The issue regarding children sitting alone when eating was observed on the previous inspection dated 9 May 2024. The corrective and preventive actions submitted by the registered providers following that inspection had not been effective in addressing the non-compliance.

c) A child in the Baby room who showed signs of being hungry after the main meal was not provided with any more food. The child reached into another child's bowl and repeatedly stated "more". The child was told "there is no more".

d) A child who was asleep during the designated mealtime was given a cold dinner to eat when they woke up. The meal had been delivered to the Baby room almost an hour earlier.

3. Staff in the Baby room were not always able to change children's nappies in a timely manner. The staff members were observed calling for assistance and waiting for relief to change children's nappies. Staff reported that every child's nappy is routinely changed at 12:30. Two children still had not been changed by 13:41 as the staff stated they were still waiting on cover. This delayed one child who was displaying signs of overtiredness in being placed to sleep as they waited to have their nappy changed first. The child was crying loudly and clinging to the adult at this time.

4. It was not evident that children's needs in relation to having consistent caregivers and minimal disruptions were provided for when decisions were made regarding staff allocations as outlined.

a) Staff reported that the number of children in each room is constantly virtually monitored to maintain adult-to-child ratios, often leading to immediate decisions to move children between rooms. This was observed by inspectors on arrival to the service on Day 1 of the inspection when five children were suddenly moved from Preschool 1 room to Preschool 2 room due to ratio monitoring.

b) The staff absence policy did not include provisions to ensure continuity of care, which could minimize disruptions and support the development of stable, consistent relationships between children and their caregivers. Two staff had been on leave between three weeks and three months prior to the inspection. There was no replacement staff documented on the staff roster. On Day 1 of the inspection, two unfamiliar adults were assigned to the Baby room. One left after the inspectors arrived. The second adult arrived at 11:05. The inspector observed that the adult who arrived at 11:05 had not been briefed about the children, was unaware of their names, and had no prior information about their needs. In the week prior to the inspection, five different adults from the registered providers other services were allocated to the Preschool 1 room.

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

#### Corrective and Preventive Action

1. There are plenty of drinks supplied to the care rooms throughout the day and the kitchen is going to automatically replenish the rooms three times a day with drinks of water and milk. If a refill is needed the staff ring the kitchen. The Baby room has three jugs of water put into the fridge, so staff do not need to request drinks from the kitchen when needed. The Baby room staff and all other care room staff have been reminded of the importance of giving plenty of fluids throughout the day. Jugs and cups are placed at a hydration station in each room, so they are not out of sight.

2. Mealtime training has been given to all staff, and this will be monitored closely to see staff are continuing good practices.

a) The chairs had been moved out of the rooms when decorating the previous weekend and the wrong number had gone back. It has been discussed with all staff regarding furniture being placed back into the care rooms so there is always enough seating. The risk assessments for the rooms include furniture placement. The staff have been shown why the children are not to be placed on chairs that could lead to a fall and injury. A good routine for daily operations and additional staff has provided good supportive transitions.

b) The adults have all been shown how and where to sit in the classroom that always gives full view of the children. This was addressed at the staff meeting and management explained so the staff are aware of the risks involved. Area managers have created and are carrying out training evenings to make sure the staff have the knowledge and training required and that they are re-trained throughout their time in the company.

c) Extra food is ordered from the kitchen when needed. It is not known why the staff did not ring the kitchen for more. This has been addressed, and the kitchen makes sure to have extra for more portions.

d) Food is stored in the kitchen and heated when the children wake from their sleep. Hygiene standards and safe storage of food to keep it fresh and nutritional is maintained.

3. The service has hired additional staff to cover in buildings where staff are on long term sick. Daily sickness levels are managed by the addition on three floating staff that are directed daily to services requiring cover. There is additional staffing in the service to accommodate nappy changes.

4. Adding additional staff to this service has achieved a better routine and consistency for care givers and the children.

### Supporting documentation submitted

- Record of staff meetings dated 23 January and 6 March 2025
- Staff roster and lunch cover roster dated week beginning 10 March 2025
- 'Mealtime plan' poster

### Summary Comment

The actions submitted have been deemed appropriate in addressing the non-compliance.

## 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.*

### Non-Compliance Information

The registered providers did not ensure that adequate facilities were available for children to sleep according to their needs. The inspectors observed the following on Day 1 of the inspection.

1. Staff in the Baby room reported they could not place a child to sleep as they had nowhere to put a bed. They reported that the Preschool 2 room is usually set up as a sleep room, but this had been opened as a preschool room when the inspectors arrived. The child was observed displaying signs of overtiredness from 10:46 including disengaging, rubbing his eyes, staring into space and crying. The child became increasingly distressed and was screaming prior to being placed to sleep at 12:54 when the room became ready.
  
2. Staff told the inspector they were waiting on two children who were asleep in cots to wake before they could place the next two children to sleep. The children who did not have a cot were showing signs of over-tiredness at this time including clinging to staff and crying.
  
3. Children in the Toddler room were observed displaying signs of overtiredness for up to an hour before they were provided with an opportunity to sleep. From 11:55 children were observed wandering around the room, crying and saying “sleep”. Staff recognised the children were tired but told the inspector they had to wait for the Preschool 2 room to be prepared for sleep. One child who had fallen asleep on a mat was woken to have their meal and wandered around the room crying as the meal was delayed. Two children who were sucking soothers and hugging each other toppled and banged their heads on the floor. One child walked into a chair and bumped his mouth. Two children lay on the floor cuddling a toy. Three children approached the inspector during this time seeking comfort and asking for “dodeys”. At 12:51 the staff started to bring the first children to the Preschool 2 room to sleep.

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

#### Corrective and Preventive Action

1. & 3. A few children have left the service. Due to this change, the service has re-allocated the rooms to accommodate the numbers of children outlined below. This has freed the smaller room in the service for beds to be made up in the morning for when children show signs of tiredness.

Cruisers – 10

Wobblers – 10

Toddlers – 12

Full daycare & ECCE combined – 22

Total Children in the AM - 54

2. Two children have since been moved onto floor beds which means there is no longer a wait for these children to go to bed. The service has the correct number of cots, floor beds and stackable beds for the quantity and age ranges of children who require sleep in the service. Training for staff and management has been carried out for how to recognise a tired child and what to do when this happens. The Staff Induction and Practical training sheets have been updated to include these important items.

a) A risk assessment and sleeping plan for sleep needs is to be written up prior to booking to ensure there is a plan for when children sleep times vary from day to day.

b) Training for staff needs to be done so they can make an informed decision at any time of the day a child may need a sleep outside of their normal routine.

c) Staff induction training has been changed to include sleep signs etc.

### **Supporting documentation submitted**

'Sleep assessment' template.

'Practical induction and training record' template.

Record of floor measurements for five rooms, with numbers of children allocated to four rooms.

### **Summary Comment**

The actions have been deemed to appropriately address the non-compliance.

## Part VI - Safety

### Regulation 27 – Supervision

*A registered provider shall ensure that pre-school children attending the service are supervised at all times.*

### Non-Compliance Information

Two children in the Baby room were not appropriately supervised when eating their main meal on Day 1 of the inspection. Although there were two adults in the room, one of the adults sat with her back to the children while the other adult engaged in cleaning duties. This posed a risk of a delay in providing first aid to the children if they were to choke on their food.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

Mealtime and supervision of children training has been given and the staff change has improved the supervision standards. Adequate supervision must be always provided, and staff are observed to be maintaining this.

### Supporting documentation submitted

- Record of staff meetings dated 23 January and 6 March 2025
- 'Mealtime plan' poster

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### Summary Comment

The actions submitted have been deemed to adequately address the non-compliance.

## Part VII - Premises and Space Requirements

### Regulation 30 - Minimum space requirements

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

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

*(3) A registered provider of a sessional pre-school service or a pre-school service in a drop-in centre shall ensure that a minimum of 1.818 square metres of clear floor space is available for each child attending the service.*

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

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

*(b) a full day care service or a part-time day care service, or both,*

*the minimum clear floor space applicable for the duration of the sessional preschool service in respect of the children attending that service shall be the floor space specified in paragraph (3).*

### Non-Compliance Information

(1)(2)(3)(4) Through review of documentation and discussions with staff it was evident that the minimum space requirement was not always maintained in the Preschool 1 room during the sessional period (9:30 – 12:30). Children were moved from the Preschool 1 room to the Preschool 2 room when the inspectors arrived at the service on Day 1 of the inspection. Staff told the inspectors that the Preschool 2 room was not open any day the previous week and was only used at sleep time when the session finished. They reported that on the previous week children from the Preschool 2 room and some children from the Toddler room had been accommodated in the Preschool 1 room. The free floor space in Preschool 1 measured 22.3m<sup>2</sup> allowing for a maximum of 22 children. There were between 23 and 26 children present on each day the previous week.

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

#### Corrective and Preventive Action

A few children have left the service. Due to this change, the service has re-allocated the rooms to accommodate the numbers of children outlined below.

Cruisers – 10

Wobblers – 10

Toddlers – 12

Full daycare & ECCE combined – 22

Total Children in the AM - 54

The new person in charge is fully aware of the room ratios in the whole setting and has been trained extensively in how to maintain all regulatory requirements. The area manager, operations manager and registered providers are spot checking all services to make sure all staff and management are maintaining the regulations.

#### Supporting documentation submitted

Record of floor measurements for five rooms, with numbers of children allocated to four rooms.

### Summary Comment

The actions have been deemed to appropriately address the non-compliance.

## Part VIII - Notifications and Complaints

### Regulation 32 – Complaints

*(1) A registered provider shall ensure that the complaints policy of the service specifies-*

(a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,  
(b) the manner in which such a complaint shall be dealt with, and  
(c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.

(2) A registered provider shall ensure that-

(a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and  
(b) the complaint is duly dealt with in accordance with the provider's complaints policy.

(3) A record in writing referred to in paragraph (2)(a) shall-

(a) include the nature of the complaint and the manner in which the complaint was dealt with, and  
(b) be open to inspection on the premises by an authorised person.

(4) A registered provider shall ensure that a record in writing referred to in paragraph (2)(a) is retained for a period of 2 years from the date on which the complaint has been dealt with.

(5) The requirement in paragraph (4) is without prejudice to any requirement to retain the record in writing referred to in paragraph (2)(a) under any other enactment or rule of law.

### Compliance Information

(2), (3), (4) & (5) The inspectors were informed by the service managers that no complaints had been received in relation to the service. Management reported that they were aware of the requirement to keep a record in writing of any complaints received and the retention period for records.

### Non-Compliance Information

(1)(a)(b)(c) The complaints policy was incoherent and failed to offer clear direction on the procedure for managing a complaint to the service, the manner it will be dealt with and the procedure for keeping the complainant informed. The policy included passages from the early years inspectorate complaints policy referring to various departments within the inspectorate and inspectorate procedures that did not apply to the service.

(2)(b) The registered providers could not ensure that complaints could be dealt with in accordance with the service policy as the policy was incoherent.

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

## **Corrective and Preventive Action**

(1)(a)(b)(c) & (2)(b) The service complaints policy has been updated. The policy is clearer to follow.

(2)(b) Complaints are dealt with and records are kept in the service of how they were managed.

## **Supporting documentation submitted**

Updated complaints policy

## **Summary Comment**

The actions submitted have been deemed to appropriately address the non-compliance.