

Early Years Inspectorate Regulatory Report

Pre School

Tusla Identifier:	TU2015WX041
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Name of Service:	Discoveryland Creche and Montessori
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Address of Service:	14 Newlands, Wexford, Co. Wexford
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Eircode:	Y35 C2YK
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Name of Registered Provider:	Ailish Lee
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Service type:	Full Day, Sessional
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Day 1 of Inspection:	13/10/2025
Day 2 of Inspection:	14/10/2025

No of pre-school children	Day 1	AM	2	PM	28
	Day 2	AM	37	PM	36

Address of the Early Years Inspectorate:	Primary Care Centre, Castle Park, Arklow, Co. Wicklow Y14 AE10
Inspection undertaken by:	L. O'Connor A. Bradshaw
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
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Description of service

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

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

Staffing

There were 10 staff employed at the time of inspection, including the registered provider.

On day one, there were 8 staff members working directly with the children. On day two, there were 9 staff working directly with the children. The person in charge was working directly with the children in the Baby room on the first day and was available to provide support to the care rooms on the second day. The registered provider arrived at the service following the commencement of the inspection on day 2.

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

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- Direct observation
- Discussion with relevant staff

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

Regulation 9 - Management and Recruitment;

Regulation 11- Staffing levels;

Regulation 15 - Records of a Pre-School Child;

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

Regulation 20 – Facilities for Rest and Play;

Regulation 22- Food and Drink;

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

Regulation 30 - Minimum space requirements.

A sampling process was used to assess compliance under Regulation 11, Staffing levels, Regulation 15; Record of pre-school child and Regulation 23 Safeguarding health, safety and welfare of child. 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.

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Additional Information

This inspection was conducted as a follow-up to assess the implementation of the corrective and preventative actions from the previous inspection of April 2025. Repeat non-compliance was identified on this inspection under Regulations 11, 15, 19, 20, 23 and 30. Previous corrective and preventive actions provided by the registered provider following inspections on 10th September 2024 and 29 and 30 April 2025 had not been implemented in a manner that achieved sustained compliance. The overall governance of the service was inadequate to ensure the care, safety and welfare of children as demonstrated under Regulations 11, 15, 19, 20, 23 and 30 within this report.

The service was referred by the Inspectorate to the Child Safeguarding Statement Compliance Unit and engagement is ongoing.

The registered provider was referred to the National Registration and Enforcement Panel (NREP) for consideration of escalatory action due to the persistent and significant nature of the non-compliance identified on the previous inspection in April 2025. The service remains under consideration of the panel at the time of this inspection.

Acknowledgments

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

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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.
- (4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.
- (7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:
- (a) the policies, procedures and statements of the service specified in Schedule 5;
 - (b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and
 - (c) these Regulations.

Compliance Information

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

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(b) Through their CAPA response following the previous inspection, the registered provider stated that going forward, all staff hours will be included on the roster. Through review of the staff roster, staff sign-in / out records and discussion with staff, it was confirmed that the designated person in charge or the deputy person in charge was on premises while children were present.

(2) It was confirmed through discussion and a review of staff rosters that two adults were employed to work within the service since the last inspection and these two files were reviewed. The outstanding non-compliant references and validations from the previous inspection were also reviewed. Two Garda Vetting disclosures due for renewal were reviewed. The following was available:

- (a)(b) There were validated references available for all staff files which were reviewed on this inspection.
- (c) Garda vetting disclosures had been obtained and were available. The service adhered to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice.
- (d) The registered provider had determined that international police vetting was required for one adult, and this record was available.

(4) Evidence was available on inspection to demonstrate that the two new staff held at least a major award in Early Childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the minister to be equivalent.

Non-Compliance Information

(7) There was a failure in the oversight of the registered provider to ensure that risks which were identified on the previous inspection were mitigated. Some corrective actions submitted by the registered provider in response to findings about governance and risk following the last inspection in April 2025 had not been implemented or did not achieve sustained compliance. The inability of the registered provider to mitigate and manage risk was apparent. The following examples demonstrate where the registered provider failed in their duty to ensure all reasonable measures were in place to safeguard the health, safety and welfare of children attending the service.

1. The registered provider did not ensure that adequate or effective measures were in place for the sharing of information with the person in charge and/or staff members. In response to the inspection in April 2025, the registered provider submitted actions and supporting documentation to illustrate the measures they said were being implemented to address the non-compliance identified. On inspection, through discussion

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with the person in charge and staff members it was confirmed that they were not familiar with actions and/or supporting documentation which were described by the registered provider as being implemented in the service:

- a. The registered provider stated in their last CAPA submission that certain agenda items such as discussions on service policies and findings from the previous inspection would be scheduled for the next planned team meeting. This included the following:
 - To review a policy each month, which includes the safe sleep policy,
 - A discussion regarding the importance of communication with parents,
 - Completion of accident and incident records,
 - Medicine book.

Staff and the person in charge told the inspectors that a staff meeting did not occur since December 2024. This was at variance with the service's corrective actions and their staff training policy, which stated that there were regular and consistent team meetings.

- b. It is acknowledged that staff members confirmed that the service's policies were emailed to them to read. However, it was confirmed by staff that the team meeting proposed by the registered provider did not take place and there were no other measures in place to discuss the service's policies and procedures. This was at variance with the service's staff information policy that there would be regular two-way communication between staff and management on the service's policies.
- c. The registered provider stated that there would be regular checks of accident and incident records to ensure they were completed. The registered provider submitted a 'Medical/incident report book checklist' to the inspectorate. This was shown to the person in charge during the inspection, and they confirmed they were not familiar with the form. They outlined that templates were often developed by the management of the service, and the staff team were not informed to use them.

Despite repeated assurances from the registered provider through the CAPA process, there were repeat failures to train and communicate information to staff about the regulations, policies and procedures of the

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service, and to supervise them sufficiently in their roles. This has contributed to repeated non-compliance under regulations 15,19 and 23 which impacts care, safety and welfare of children.

2. The registered provider did not ensure that staff members were provided with the relevant training and information to carry out their roles and responsibilities. This non-compliance was found on the previous inspection in April 2025. Ineffective governance structures did not ensure that compliance was reached or sustained, and the lack of training, support and information provided to staff members continued to pose a potential risk to the safety of the children and the care received as follows:
 - a. The service's induction policy stated that staff appraisals would be carried out for each staff member within the first six months of their appointment. The person in charge confirmed that staff appraisals do not take place. The inspectors spoke with two additional staff members who confirmed they had not had an appraisal.
 - b. Inspectors found that the registered provider had not implemented effective measures to identify and respond to the support, supervision and training needs of staff. The staff training policy stated that supervision is a core part of the development of staff within the service. The policy outlined that supervision meetings were carried out monthly and referred to a supervision agenda for each meeting, which referenced training needs. In discussion with staff members, it was confirmed that supervision did not take place within the service. The absence of a support and supervision framework does not effectively allow for staff support and training needs to be identified and responded to.
3. The registered provider did not ensure that the staff members were provided with information to carry out their role as mandated persons as follows:
 - a. The service's induction policy stated that every staff member will be provided with an induction training programme when they commence work to ensure they are fully trained in the first number of months of work. The policy outlined that this induction procedure was to ensure that staff members were familiar with the service's Child Safeguarding Statement and Child Protection Policy. In discussion with the person in charge and staff members, it is acknowledged that the

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staff members had completed online safeguarding training 'Introduction to Children's First E-learning programme' since the previous inspection. However, it was determined that two staff members completed the training 6 to 12 months after commencing their employment, and not within the first number of months of employment. This posed a risk as the delay in training may hinder staff knowledge and ability to respond appropriately to safeguarding concerns.

- b. On the previous inspection carried out in April 2025, staff members were not aware of the name of the Designated Liaison Person (DLP) in the service. Following that inspection, the registered provider sent a letter dated 10 June 2025 to staff members. A copy of this was submitted to the inspectorate as part of the CAPA process. The information provided to the Inspectorate did not correlate with the information regarding the DLP in the service. This can lead to confusion or a delayed response if there is a child safeguarding concern.

The lack of clear information and delays in the training of staff members posed an increased risk to the safety of the children.

4. The registered provider did not ensure that corrective and preventive actions, provided to the Inspectorate after their last inspection, were implemented to mitigate the risks identified. The following examples demonstrate inadequate oversight and the failure of governance structures to prevent recurring non-compliance.
 - a. Through the CAPA response, the registered provider stated that staff would be subject to random spot checks on policies to ensure they are familiar at all times. There was no evidence to indicate that this was implemented, and practices observed were at variance with the service safe sleep, infection control, accident and incident and administration of medication policies. This is further demonstrated under Regulation 20 - Facilities for Rest and Play and Regulation 23 Safeguarding health, safety and welfare of child.
 - b. The registered provider stated in their CAPA submissions following the last two inspections that the completion of children's enrolment forms would be overseen by the manager and that these would be in place before children started attending. The monitoring actions submitted by the

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registered provider were not effectively implemented to prevent recurrence of the finding. This is further demonstrated under Regulation 15, Record of pre-school child.

- c. The registered provider stated in their CAPA submission following an inspection in April 2025, that management would discuss the service's administration of medication procedure at a staff meeting, and that a monthly checklist would be implemented to prevent recurrence. These measures were not implemented to mitigate the risk as reported under Regulation 23, Safeguarding health, safety and welfare of child.
- d. In response to Regulation 19, Health, welfare and development of child(1)(b), the registered provider stated that the sleep needs of children would be an 'ongoing monitored situation'. There was no change in practice observed by the inspectors to meet the needs of children who did not require or did not sleep within the Juniors and Pre-Montessori room. This is further demonstrated under Regulation 19.
- e. In response to reducing the risk of cross-infection identified on the previous inspection, the registered provider stated that staff were issued with a 'maintenance report' to document any torn and/or worn mats or cushions. They stated that this measure would allow for any occurrences to be reported to management. In discussion with staff, they said they were not familiar with this document and the infection control risk was not mitigated. This is further demonstrated under Regulation 23 Safeguarding health, safety and welfare of child.
- f. In the CAPA response following the previous inspection, the registered provider stated that room leaders were instructed to use the 'Room Equipment Report' to support management in identifying the need for new or additional equipment. In discussion with staff members, it was confirmed that they were not familiar with this form.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(7)

1. The registered provider submitted the following actions in response to the non-compliance identified regarding the measures in place to ensure that information is effectively shared with the person in charge and/or staff members;

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a&b. A staff meeting was held on the 24 November 2025. Policies, communication with parents, medicine book and accident and incident books were discussed. Going forward the registered provider will ensure a staff meeting occurs every 4-6 weeks where the latest policy which staff received will be discussed.

(c) The registered provider has assigned only the manager to compile any new templates or checklists. Registered provider ensures only the manager will compile any new templates/checklist and only be distributed from the manager to the staff.

2. The registered provider submitted the following actions in response to providing staff members with the relevant training and information to carry out their roles and responsibilities:

- a. Staff appraisals are ongoing at the moment. The registered provider has assigned the manager to carry out appraisals in May of each year with all staff. New staff will receive an appraisal with-in two months of starting role in Creche.
- b. The registered provider will put in place from January, that the manager will carry out supervision meetings with all staff and continue to do so monthly. The registered provider will oversee that the manager carries out this practice and reports back to provider.

3. The registered provider submitted the following actions in response to providing staff members with information to carry out their role as mandated persons:

- a. Staff have all completed the Children first. The manager will ensure that all new staff have completed the children first with-in the first week of taking up their role in the setting. It will be included in the induction plan.
- b. A poster including the DPL and the deputy DPL names are up in all rooms. The manager will discuss at meetings with all staff and include information in the induction plan for new staff.

4. The registered provider submitted the following actions in response implementing the corrective and preventive actions submitted following the previous inspection in April 2025:

- a. Staff have been receiving policies every month which they have signed for. The registered provider and manager have discussed policies at the meeting and will continue to discuss at all meeting until all policies have been discussed.
- b. The records have been corrected. The registered provider and manager will thoroughly check all new enrolment forms before a child starts.

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- c. All staff were told how to fill in the books correctly this was also discussed at the meeting on 24 November 2025. The registered provider has assigned a staff member to check that all books are filled out on a daily basis to ensure they are filled out properly and to connect with the manager.
- d. Pre-montessori is now a sleep room so the junior room is where the children who do not sleep go, they can play at their leisure. There are two staff allocated to each room. The service will keep each room separate one as sleep room and the other where children can just rest and play.
- e. A maintenance form is in every room for staff to log any issues. Manager will check forms and report to registered provider to correct issues
- f. A room equipment form is in all room for staff to fill in as needed. The forms will be checked by the registered provider and equipment provided as needed.

Supporting documentation submitted

- Photograph of minutes of a staff meeting held on 24 November 2025 and a record of staff attendance. The minutes noted 'policies that have been received were reviewed' and reference to completion of maintenance, medication and accident /incident records.
- Photograph of a maintenance record and equipment form,
- Photograph of a signed from the registered provider stating the manager will carry out monthly support and supervision with staff members,
- Photograph of a letter stating that the manager will carry out appraisals with staff members each May and that new staff members will have an appraisal within 2 months of employment,
- Photograph to demonstrate the staff members read the service's settling in policy,
- Evidence to demonstrate that six staff appraisals took place between November and December 2025, Photographs of displays which contain information of the names of the DLP.

Summary Comment

It is acknowledged that the registered provider provided details to outline the actions taken to correct non-compliances identified. The actions and supporting documentation submitted for Finding 1(a)(b), Finding 2(b) Finding 3(b) were accepted. However, substantive actions or assurances were not provided to demonstrate the measures would achieve or sustain improvements to the overall governance structure in place. For example, how the monitoring actions to include how the registered provider would support the manager in their role to carry out their roles and responsibilities as set out in the CAPA response.

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The preventive actions which were submitted were indifferent to the actions submitted by the registered provider in response to findings regarding governance and risk management following the last inspection in April 2025. Through this inspection, it was identified these actions had not been implemented or did not achieve sustained compliance. Through their response, the registered provider did not submit preventive actions to outline the actions taken to reduce the likelihood of the reoccurrence of these findings. In conjunction, details on monitoring practices to outline the oversight measures to ensure that the actions submitted were implemented were not provided.

Compliance was partially met for subsections of this regulation; however, overall Regulation 9 Management and recruitment (7) remains outstanding. Actions or supporting documentation have not been provided to the inspectorate regarding the governance measures to effectively mitigated and manage the risk previously identified in April 2025 and during this 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 paragraph (2) to (7)-

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

Compliance Information

(8)(a)

A review of the staff roster and sign-in records for the weeks of 15 September 2025 to the week of 06 October 2025, demonstrated that there were two adults present within the service at all times while children were in attendance.

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Non-Compliance Information

This regulation was non-compliant on inspection in April 2025 and September 2024. The corrective and preventive actions submitted by the registered provider failed to achieve or sustain compliance concerning adequate staffing levels.

(1) The registered provider did not ensure that there were sufficient staff working directly with children, as demonstrated by the following findings:

1. Inspectors observed inadequate staffing levels to facilitate staff taking breaks during the second day of inspection. Through discussion with staff, a review of the roster and sign-in sheets, it was evident that there was no additional staff available to care for the children while staff were taking lunch breaks. It was confirmed with staff members that staff breaks started at 12pm, and during the inspection staff breaks were observed to finished at approx. 2.30pm.
2. There was an inadequate number of adults available within the service on day 2 between 12.40pm to 2.06pm to cater for the needs of the children in the Juniors room. This is further demonstrated under Regulation 19. Health, welfare and development of child

(2) The registered provider did not ensure that the minimum ratio of adults to children was adhered to at all times. This was found non-compliant on the previous inspection in April 2025, and September 2024.

While all staff rostered to work on the day 2 were present, the number of staff available was insufficient to ensure that the minimum adult to child ratio was maintained at all times. From 12.40pm until 2.06pm, there was one adult in the Juniors room with two children aged 2 to 3 years and four children aged 1 to 2 years. Based on the age of the children and the type of service they were attending, a minimum of two adults were required at this time.

A sample of children's attendance records, staff sign-in/out records and rosters was reviewed. However, it was not possible to determine that the minimum adult-to-child ratio was maintained on the dates sampled, as the staff breaks were not recorded on these records.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)

1. We have two staff members that cover lunches as our lunch hours are only a half hour. Lunch cover has been added to the staff rota. We find this difficult to give 100% honest answer. But will work it to the best of our ability. The registered provider has put an ad online to employ an extra member of staff.
2. The registered provider understands on the day the service should have been more aware of the ages in the rooms. The rota has been revised to ensure the adult to child ratio is covered at all times. While rooms are covered at the moment, the registered provider has advertised for another member of staff. The service has not got any suitable applicants as of yet.

(2)

There are two staff allocated to the junior room at all times. Rota has included lunch cover to ensure adult to child ratio is kept. The service are actively looking for more staff. The registered provider has advertised for another member of staff. The registered provider will make sure to adhere to the ratios and keep an eye on ages.

Supporting documentation submitted

Staff rota for the week of 01 December and 08 December 2025.

Summary Comment

While the registered provider submitted actions to detail the measures taken by the service, the regulatory requirement has not been met. On review of the supporting evidence, it was evident that an adequate number of adults are not available within the service at all times.

Regulation 11 -Staffing (1)(2) remains outstanding.

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Part IV – Information and Records

Regulation 15 – Record of pre-school child

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

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

Non-Compliance Information

(1) This regulation was non-compliant on inspections in September 2024 and April 2025. The corrective and preventive actions submitted by the registered provider failed to achieve or sustain compliance with records relating to a pre-school child.

1. Measures identified by the registered provider were not effectively implemented to ensure that necessary information about children was sought and maintained. Inadequate information was available to inform children's care regarding authorisation for collection, emergency contacts and immunisations. This practice continues to pose a potential risk to the safety, health and welfare of children. The following was noted:
 - a. The registered provider stated through their CAPA response that children's enrolment records had been brought up to date and all details would be checked and discussed with parents. The enrolment records, which were reviewed during the previous inspection on 29 and 30 April 2025, were reviewed again. It was confirmed that 9 of the 11 children were still in attendance at the service. These 9 enrolment forms were reviewed. On review, 4 of the records remained incomplete with details missing about authorisation to collect children from the service, emergency contacts for children, record of immunisations and written parental consent for appropriate medical treatment in the event of an emergency.

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- b. The service's settling-in policy and child safeguarding statement outlined that before enrolment, an exchange of information would take place between parents/guardians to complete children's registration forms, with persons authorised to collect and emergency contacts. In the CAPA response, the registered provider stated that going forward, all records will be checked to ensure that all information has been correctly filled in. A sample of 15 enrolment records were reviewed for children who had enrolled to attend since the previous inspection in April 2025. Of these, 12 records were incomplete with information gaps which posed a risk to the safe care of children.

In their CAPA response, the registered provider stated that they implemented an 'enrolment checklist' to ensure that the required detailed were obtained for each child. The following was noted:

- (d) One record did not provide details for another named adult who could be contacted if the child's parent or guardian could not be reached.
- (e) Three records did not detail the named adult(s) authorised to collect the children. The action submitted by the registered provider following the previous inspection in April 2025 regarding working with the child's parents to organise a named adult was not implemented.
- (f) One record contained no information about whether a child had any illness, disability or allergy. The registered provider stated through their CAPA submission that all details will be checked and discussed with parents. This action was not implemented.
- (g) Details of a registered medical practitioner were not provided for five children. The registered provider stated during the CAPA process that where children do not have a family GP, parents will be advised to submit a letter stating such and will designate 'Care Doc' in the interim. This letter was not evident for these five children attending the service.
- (h) One record did not provide details of immunisation, if any, received by the child. The registered provider stated through their CAPA submission that the team checked and updated immunisation records on enrolment forms. This action was not implemented.
- (i) Nine records did not have written parental consent for appropriate medical treatment for their child in the event of an emergency.

This practice continues to pose a risk to the safety of the children attending the service as the registered provider has not sought sufficient information to ensure they can provide safe and appropriate care.

Corrective & Preventive Action submitted by the Registered Provider

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Corrective and Preventive Action

1. The registered provider submitted the following actions:

- a. All forms have been corrected. Going forward, the registered provider and manager will check and recheck all new start forms before start date.
- b. The service have again checked all the enrolment records and found five that were incomplete. But all major details were on the forms and all records have now been completed. Registered provider and manager will check and recheck any new enrolment forms and speak to parents.

(d) As explained to the inspectors, this family have recently moved to the area. We have spoken to the parents and they have no way off solving this problem unless they are asked to remove the child. The form has since been corrected. The registered provider and manager will check all enrolment for all correct details.

(e) The service has gone over all the forms and checked and had them corrected, to the best of our knowledge. The registered provider and manager will check any new enrolment form for all correct details.

(f) The child has no illness, disability or allergies so the parent left it blank. If we have a child with an illness we will send it home, no risks taken. The registered provider will monitor all forms and recheck them.

(g) The service has a letter to be signed when they receive enrolment form if they have no GP. All letters with no family GP have been signed by parent. The registered provider will engage with manager monthly to monitor that all forms have all details correct.

(h) All records have been corrected. The registered provider will engage with manager monthly to monitor that all forms have all details correct.

(i) All records have been corrected. The registered provider will engage with manager monthly to monitor that all forms have all details correct.

Supporting documentation submitted

Photograph of three enrolment forms. Photograph of three letters signed by the child's parent confirming the provision in place regarding the child's medical practitioner.

Summary Comment

The registered provider submitted corrective actions outlining that the records have since been completed. However, the preventive actions submitted did not provide assurances as these actions were previously submitted following an inspection in April 2025 and failed to sustain compliance.

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The corrective actions submitted for (d) to (j) outlined that the forms have been updated with the required details. The registered provider stated as a preventive action that they will engage with manager on a monthly basis to monitor that all forms have the correct details. This regulation will be assessed on the next inspection.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

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

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

(b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.

Compliance Information

(1)(a)

Interactions observed between the staff members and children were calm in the ECCE room. Staff members engaged with the children using warm tones and eye contact. On arrival into the ECCE room each morning, children were greeted by name and encouraged to put their coats and bags away before joining an activity.

Children in the ECCE room were provided with reassurance. For example:

- On day 1, a staff member noticed that a child was upset and provided reassurance to them.
- At dinner time a staff member noted a child not eating their dinner, the staff sat with the child, encouraged them, and offered them a drink. The staff said the child had little English, and they used hand gestures and signals to communicate. The child was observed to understand the offer of a drink of water from the staff.

Children in the Pre-Montessori were provided with open-ended play opportunities on both days of the inspection. The children were provided with playdough shapes and rolling pins. The staff member explained to the inspector how the children enjoyed this type of play.

Staff members in the ECCE room were observed to offer children a choice in their colouring activity; children could choose a picture to colour or a blank page to draw their own.

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During transitions on both days, children in the ECCE room were given the choice of various tabletop activities to choose from as staff members prepared for the next activity or tidied up after the previous one. Staff members in the ECCE room signalled a change in activities by clapping their hands in a sequence. The children joined in the clapping and began to tidy up.

Mealtimes were observed to be unhurried and at the children's pace. In the Pre-Montessori room on day 1, children were provided with an opportunity to have an active role in the snack time by providing their peers with their water bottles. The staff member sat with the children during snack time and engaged in various conversations with them. Children in the Baby room were encouraged to self-feed, and staff used positive language when sitting with them.

Children were provided opportunities for outdoor play on both days of the inspection. Staff from the Pre-Montessori room were observed to sit on the ground with children as they used chalk to draw pictures. Staff described how they try to bring the children outdoors in all weather and they have the use of the covered area in the garden. Children in the Baby room were familiar with the daily routine of outdoor play. When a staff member asked the children in the if they were ready to go outdoors, they toddled to get their coats and handed them to staff to help them.

(b)
On day 1, the inspector observed that the morning routine in the Juniors room was calm. The staff members were heard discussing the plan for the morning with the two children present to which the children positively responded.

Staff members in the ECCE room were observed to sit on the floor cushions with the children and engage in a discussion about farm animals. During the course of this play, two children began jumping on the cushions, the staff engaged positively and suggested that was not a good idea and asked would they help to tidy them up.

Non-Compliance Information

(1)(b) This regulation was non-compliant following inspection on 29 and 30 April 2025. The corrective and preventive actions submitted by the registered provider failed to achieve or sustain compliance.

1. The insufficient number of adults in the service from 12.30pm to 2.05pm on the second day of inspection impacted the care which children received. The following was noted:

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- a. At 1pm, there were 10 children aged 1 to 3 years in the Pre-Montessori room on sleep mats and low-level beds, lighting had been darkened. In discussion with the staff member, they outlined that while all of the children would be provided with an opportunity for sleep, a number of the children did not routinely sleep. Staff members outlined that the children who did not sleep would be brought outside when a staff member returned from their break. This could not be facilitated until 1.40pm, when the staff member returned and 4 of the 5 children who did not sleep were brought outdoors. This resulted in this group of children spending 40 minutes in a darkened room with no alternative activity provided.
2. In the Juniors room at 1.45 pm, there was one staff member present with 6 children aged 2 to 3 years. During this time, one child had just woken from sleep while the remaining 5 children were playing. The staff member was tidying away the sleep beds when two children became upset. One of the children remained upset at 1.55pm. While it is noted that the staff member attempted to comfort the child, an additional adult was required to provide support in the care room. In discussion with the staff member, they outlined that an additional adult was not available to provide support at this time, or to provide support with other care routines, such as nappy changes, until staff breaks were finished. This staffing allocation may impact on staff capacity to respond to children's care needs each day between 12.30pm to 2.30pm.
3. Children's individual need for comfort and reassurance was not consistently recognised or supported by staff. On day 1, at 11.51am during sleep time in the Junior room, a child aged 2, was sitting on a bed and appeared distressed. The child was crying and their face, hands and t-shirt were observed to be wet. The staff member was not observed to provide emotional support or attention to the child. A different staff member outlined to the inspector that this child 'gets emotional every day.' This practice was at variance of the service's managing behaviour policy which outlined that staff respond in a timely and appropriate way when children cry or become upset. It also stated that children who show signs of social and emotional difficulties are given appropriate care and support. The child remained visibly distressed and crying until 12.15pm with no comfort provided. This practice demonstrated an overt disregard for the comfort needs of the child.
4. The sleep practices in place within the Juniors and Pre Montessori rooms did not meet the needs of the children. This non-compliance was also identified on the previous inspection. The service's sleep

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policy stated that children's own choices and routine would dictate their sleep times. The following was observed:

- a. The registered provider stated through the CAPA response that children who required sleep would be accommodated, and that where children did not require sleep, they would be brought outside with the supervision of staff or to another age-appropriate room.
 - Through discussion with a staff member, it was confirmed that there was nowhere indoors for children who did not sleep in the Juniors room, and that they would remain within the darkened room for approximately 1.5 hours.
 - One child aged 3 years old was observed to remain awake in the darkened Pre-Montessori room from 1pm until 2.10pm on day 2. The child was observed to sit upright on the end of a sleep mat on which another child slept and look at the door for the duration of sleep time. Staff, when asked, did not provide a reasonable explanation for this. This practice is not child centred and negatively impacts the well-being of children.
 - On day 2, during sleep time in the Juniors room, there were 2 children aged 1 to 3 years who remained awake from 12pm to 1.09pm. These two children were not provided with an alternative and remained within the room.
 - b. A child's choice to sleep was not facilitated in the Pre-Montessori Room. On day 1, a three year old child expressed to the staff member that they were tired at 11.51am. The child was not afforded an opportunity for sleep or rest.
5. During the previous inspection carried out in April 2025, the registered provider identified that a language barrier was a challenge in working in partnership with parents and ensuring that parents received key information about their children's care. In discussion with staff members and the person in charge, it was confirmed that there were no new measures implemented within the service following the inspection to communicate effectively or build a partnership with parents.

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Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The registered provider stated that:

1. Children who do not sleep go into the junior's room with two staff and there is a member of staff rostered to cover lunch making sure there is full adult to child ratio cover. The registered provider has re-arranged the rota to ensure cover in all rooms and lunch cover. An add has been put on indeed and face book to get extra staff.
2. The service has rectified this. Lunch is only half hour, as requested by staff. Two members of staff are in this room and lunch cover has been added to the rota ensuring adult to child ratio is kept. The registered provider has rearranged rota to ensure all rooms are covered at all times. The registered provider is looking for an extra staff member.
3. Staff were spoken to about the need of an emotional child and discussed it at the meeting with all staff. The manager will include this in supervisory meetings and keep a visual check on how staff interact with a child.
4. In response to the finding regarding the needs of awake and sleeping children, the registered provider submitted the following actions:
 - a. The junior room is now for children that do not require sleep and the pre-montessori is for the children that sleep, with two staff covering each. The children the sleep go into one room and the children that don't sleep go into another room. The manager will keep check that this arrangement is suitable to all the children equally.
 - b. This was discussed at the meeting 24/11/25 with all staff about picking up on the needs of the child, if a child needs to sleep outside the sleeping hours a bed will be provided and a quiet area to sleep. Manager will check with staff to ensure this practice is carried out.
5. The service use a translation app with parents and has two members of staff that speak multi languages if needed.

Supporting documentation submitted

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Photograph of minutes of a staff meeting held on 24 November 2025. The minutes included the following 'Junior and pre-montessori room as one sleep room and a non-sleep room', 'communication with parents needs to improve' and interactions with children. A photograph of a staff rota for the week of 01 and 08 December 2025.

Summary Comment

The requirement has not been met for Regulation 19. Health, welfare and development of child.

The actions submitted for finding 1 and 2 have not been accepted. Please refer to Regulation 11 -Staffing (1)(2).

The registered provider has not provided adequate actions or reasonable assurances to demonstrate that effective measures have been taken to ensure that additional support is available to the Juniors room during lunchtime break cover.

The corrective actions submitted for finding 3 and 4 were accepted, however, these actions were submitted previously and failed to achieve compliance. Preventive actions were not submitted to demonstrate the measures in place to reduce the likelihood of the reoccurrence of this non-compliance, to include the monitoring or oversight measures by the registered provider. While it is noted that minutes from a team meeting was submitted, additional supporting documentation was not provided.

The actions submitted to demonstrate the measures taken by the registered provider regarding partnerships with parents were deemed insufficient. The actions did not provide details of measures in place to facilitate communication where a language barrier was identified. While it is noted that the minutes from a team meeting were submitted, additional supporting documentation was not provided.

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Part V - Care of Child in Pre-school Service

Regulation 20 – Facilities for rest and play

(1) Subject to this regulation, a registered provider shall ensure that-

- (a) having regard to the number of pre-school children attending the service, their respective ages and the amount of time they spend on the premises, there are adequate and suitable facilities for each child to play indoors and, where required by these Regulations, outdoors, during the day, and
- (b) there are adequate and suitable facilities for a pre-school child to rest during the day, and in the case of an overnight pre-school service, during the day and the night.

Non-Compliance Information

- (1)
- (a)
1. While it is noted that materials including a play kitchen with supporting equipment were added to the Juniors room, the room had limited resources to promote varied types of play. Open-ended and natural materials were not available to the children during the inspection.
 2. There was an insufficient number of books within the Pre-Montessori room to cater for the number of children. On day 2, following dinnertime, children aged 2 to 4 years were directed to get a book. There were 3 books available on the bookshelf for 10 children present. Children were observed to become frustrated as they attempted to get the same book.
- (b) The sleep and rest facilities for children in the Pre-Montessori, Juniors and ECCE rooms were not adequate or suitable for the age and stage of development of the children. This was found non-compliant on the previous inspection in April 2025. The following was observed over the course of the two days:
3. There was no evidence available to demonstrate that parents had been consulted about the use of sleep mats for the four children aged 21 months to 2 years in the Juniors rooms who were sleeping on low-level sleep beds. This was at variance with the Guidance for the Early Learning and Care sector on sleep provision for children under 24 months, which was issued by the inspectorate to the early years sector in August 2023.

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4. The equipment provided for sleeping children in the Pre-Montessori and ECCE room was not suitable.
 - On day 2, four children aged 2 to 3 years in the Pre-Montessori were provided with three plastic gymnastics mats on which to sleep. Two of the children had to share a mat. This gymnastics mat was observed to be use in the ECCE room also.
 - On day 1 and 2 in the in the Pre-Montessori room, a plastic mat was provided for a child to sleep on.
5. The environment within the ECCE room was not favourable for sleep. On day 1 at 12.48pm, a child in the ECCE room expressed to the staff member that they were tired. The staff member unfolded the plastic gymnastics mat, and the child was observed to lie on it. When the remaining 12 children finished their dinner the staff member prompted them to get a book, which was in the area where the child was resting. At 12.52pm, two children were observed rolling on top of the child who was trying to sleep.
6. Rest areas were not present in the Juniors, Pre-Montessori or ECCE rooms. This was found non-compliant on the inspection in April 2025 and September 2024. The inspectors observed that rest areas had not been maintained within the care rooms:
 - a. There were no rest areas evident within the Juniors, Pre-Montessori room and ECCE rooms.
 - b. Within the Pre-Montessori room and ECCE room, there were plastic gymnastics mats folded and propped against the wall. This did not provide children with comfortable place to rest or retreat to.

There were findings of non-compliance with sleep and rest facilities identified on inspection in September 2024. and April 2025. Corrective and preventive actions submitted in response to that inspection were inadequate to prevent further non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The registered provider stated that:

(1)(a)

1. Opened ended materials have been included in the junior room. The manager will relay to the registered provider the equipment form and materials needed.
2. Both junior and pre-montessori have been restocked with more books. The manager will do a stock check and add to the equipment form and relay it to the registered provider.

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(b)

3. The parents have signed a letter allowing their child to go from a cot to a low-level bed. The manager will add the letter to the enrolment form for any child under two years of age.
4. New beds were bought and all children that sleep have a bed and sheet to lie on. The registered provider will provide more beds if needed, at the moment the service has enough to cover all and spares.
5. A space has been allocated in a quiet area in the ecce room for any child to sleep if needed. The manager has spoken to staff in the ecce room to be aware of a child that needs to sleep and provide a bed and quiet area to allow it to do so.
6. All room have been allocated a cosy corner. Registered provider has spoken to all staff about the need for a rest area for all the children in all room which have to be kept in place at all times, except for sleep time in the pre-montessori room. The mats have been fixed to the walls for comfort. Registered provider and manager will assess all rest areas weekly to assure they are comfortable for the children to use and see if anything else is needed to make it so

Supporting documentation submitted

Photograph of container with two egg cartons, acorns, lollipop sticks, feathers and other items. Photographs of the Juniors and Pre-montessori room with additional books. Photographs of rest area in Juniors, Pre-montessori, ECCE. Photograph of nine statements signed by child's parent of 'I give my permission for my child to transition from a cot to a floor bed'.

Summary Comment

Corrective and preventive actions were submitted regarding the availability of books in the pre-montessori room [Finding 2] and the rest areas in the Juniors, Pre-montessori, ECCE room [Finding 6]. These actions have been accepted and will be reviewed on the next inspection.

The registered provider submitted actions regarding the inclusion of natural and open-ended materials within the service [Finding 1]. However, the actions provided did not outline measures taken to provide children with opportunities to engage with these materials. Preventive actions were not provided to outline the measures taken to reduce the likelihood of the reoccurrence, to include oversight measures in place by the registered provider. While it is noted that a photograph was submitted, this was not considered as substantive to demonstrate the non-compliance was addressed.

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The corrective and preventive actions which were submitted for Finding 3 and 4 regarding the sleep provision did not address the non-compliance identified. It is noted that the registered provider submitted permission forms as supporting documentation for Finding 3. However, it did not demonstrate that there was engagement and/or consultation between the service and parents/guardians or that parents/guardians were actively involved in the decision to move their child to a floor bed.

Part V - Care of Child in Pre-school Service

Regulation 22 – Food and drink

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

Compliance Information

During the inspection, children were observed to eat a variety of foods for their snack and dinner. The children brought food from home for these meals. Staff members were familiar with children's food preferences and shared this with the inspector. For example, during this time, one child expressed to the staff member that they did not like their snack, and the staff member provided the child with alternative food.

On the first morning, children were provided with toast.

During the day, the children were observed to eat fruit, meat, yoghurts, and bread rolls at snack times. Staff explained that additional food, such as baked beans, breadsticks and crackers, was available for the children if they were hungry or a lunchbox was forgotten. For dinner, many children enjoyed meals from home which consisted of meat, vegetables, rice or potatoes. Children's drinks were available to them at all times. Children were observed to drink water throughout the day and at mealtimes.

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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:

Staff members confirmed that there was no longer any child in attendance with emergency medication. Staff members discussed how they completed training on the administration of an auto-injector pen since the previous inspection.

Inspectors observed that the first aid boxes were stored in the hallway of the service and staff were familiar with the location of these. Cleaning products were stored out of reach of children. Safety devices were in place on low-level windows in the Juniors room. Pictures and displays were in place on the windows of the ECCE room to allow for the glass to be seen. Staff were observed to remove the meat from boned chicken before serving it to children at mealtimes.

Infection Control:

Children's hands were washed promptly over the two days. Children and staff had access to warm water, soap and paper towels for handwashing. Staff members were observed to follow the service's nappy changing procedures. Beds were cleaned after use in the Junior's room. Children's personal items, including drink bottles and soothers, were clearly labelled with the child's name.

Non-Compliance Information

The registered provider failed to ensure that some actions submitted through the CAPA process following the previous inspection in April 2025 were implemented. Compliance had not been adequately sustained to safeguard children's health, safety and welfare. Regulation 23 was also non-compliant on inspection in 2024.

The registered provider did not ensure that effective measures were in place to mitigate or monitor potential risks as follows:

Risk Management

1. Corrective actions from the previous inspection in April 2025 in relation to the completion of accident and incident records were not implemented. The registered provider had stated that a regular check

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would be done on all records and that, going forward, it would be mandatory for parents to take the white copy. From the sample of 41 records reviewed, the following was noted:

- a. Five records were not signed by the child's parent or guardian.
 - b. The service's accident and incident policy outlined that the parent or guardian received a copy of the record. However, on review of the accident and incident records, the copies for the parent on two records were intact.
 - c. Seven accident and incident records were not signed by the staff member.
 - d. Twenty-five records did not include the child's date of birth.
2. The person in charge provided the inspectors with a health and safety checklist which included a daily review of all accident and incident records to ensure completion. This record was not available for the Juniors room. These health and safety checklists had been filled to indicate that daily checks had taken place for the weeks of 15th and 19th of September. However, the corresponding accident and incident records were not fully completed on those dates.
 3. A risk assessment for the outdoor area was on display in the ECCE room, and it was marked as completed on day 1 and 2. On this risk assessment, it requested that 'all broken toys/equipment are removed'. Furthermore, in discussion with staff members, they outlined that they carry out a visual risk assessment before they use the outdoor area. However, during day 2 of the inspection, the inspectors observed the following hazards in the outdoor area:
 - The shelving unit within the sheltered area posed a risk of injury to a child as it was unanchored and unsteady.
 - The flooring in the plastic playhouse was uneven and posed a trip risk for a child.

The actions submitted by the registered provider through their CAPA response have not been implemented to mitigate risk.
 4. The actions from the previous inspection in April 2025 in relation to the placement of furniture were not implemented and this continued to pose a risk of injury to children in the Juniors room. On day two, there were eight children aged 1 to 3 years present. Staff members had stacked the children's chairs during the morning and afternoon free play time. This was found on the previous inspection on 29 and 30 April 2025, and the registered provider stated that chairs would be stacked no more than 2 high going

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forward. This continues to pose an increased risk of injury to a child if they attempt to climb or pull them down.

5. The actions from the previous inspection in April 2025 were not implemented with regard to staff members being aware of the service's healthy eating policy and procedures. On day 1, at snack time, a staff member provided a child aged 2 years with their lunchbox containing whole grapes. This practice was at variance with the service's healthy eating policy, which stated that grapes must be cut. This posed a potential risk of choking for the child. The inspector intervened to request that the staff member cut the grapes for the child.
6. Corrective actions about sleep infection control practices were not sufficient to mitigate risk following the last inspection. The registered provider submitted supporting documentation which demonstrated that staff were asked to read the service's infection control and sleep policy. However, the following was observed on inspection:
 - a. The policy outlined that all beds would be covered by a sheet. The registered provider had stated that bed linen was provided for each bed in each room and that regular checks of proper usage of the linen and bed will be carried out. However, the following was noted in the Pre-Montessori room:
 - On day one, none of the five children were provided with a bed sheet.
 - On day two, six of the ten children in the Pre-Montessori room were not provided with a bed sheet. Three children slept directly on low-level beds and three children slept directly on plastic mats.
 - b. The sleep equipment was not cleaned before or after use within the Pre-Montessori room. On day 2, four children were provided with floor mats for sleep. These had been used for other purposes that morning, during which children were observed walking across them. This practice was at variance with the actions submitted by the registered provider, who stated that each bed is assigned to a child and they are cleaned after use.
 - c. The service policy stated that sleeping mats were placed 50cm apart. On day 2, the sleep equipment was positioned less than 50cm apart for nine of the ten children.

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- d. On day 1 and 2 of the inspection, children within the Juniors room, Pre-Montessori room and ECCE were observed to sleep with their shoes on.
7. The actions from the previous inspection in April 2025 in relation to safe sleep were not implemented adequately to mitigate risk. Sleep checks were not consistently carried out or recorded by staff members. It is acknowledged that safe sleep records were available for the children sleeping in Baby, Juniors and Pre-Montessori room. However, on day 1 at 2 pm, a child was observed to be asleep in the ECCE room. The inspector did not observe 10-minute sleep checks occurring and requested the sleep record. The staff member confirmed that they were not maintaining a record. The staff member was requested by the inspector to begin to carry out 10-minute observations and maintain a record. The registered provider stated that the importance of physically checking a child when sleeping was reiterated to all staff and that it would be discussed at staff meetings. However, no staff meetings had taken place since December 2024. This posed a potential safety risk to children.
8. The actions provided after the previous inspection in April 2025 in relation to cross-infection in the Baby room were not implemented. The registered provider stated through their CAPA response that they had replaced the cushions in the Baby room. However, the cushions remained worn and torn in places which did not allow for adequate cleaning.

Administration of Medication:

9. The actions from the previous inspection in April 2025 in relation to the completion of administration of medication records were not implemented. From a sample of thirty-three administration of medication records, parental signatures were not evident on seven of the records. This was at variance with the service policy which outlined that the service informed the parent and/or guardian at collection time, who then signed the record. The registered provider through their CAPA response stated that this would be discussed at staff meetings. However, no staff meetings had taken place since December 2024. This posed a risk to children's health as parents may not have been informed of medication which was administered to their child.

Action submitted by the Registered Provider

Corrective & Preventive Action

Risk Management

1. The registered provider submitted the following actions in response to the non-compliance identified regarding the completion of accident and incident records:
 - a. All records have been completed. The registered provider has assigned a staff member to check book daily and report to manager if a staff member needs to be shown again how to fill in properly. This was discussed at meeting. Staff member will liaise with management to keep control of this.
 - b. This has been corrected. The registered provider has assigned a staff member to check books daily and report to manager if not being completed properly. Manager will speak to staff member.
 - c. Staff have been spoken too on the importance of making sure parents get copy. This was discussed at meeting 24 November 2025 and staff were shown again how to fill in properly. A staff member has been assigned to checking books on a daily basis and report to management.
 - d. A staff member has been assigned to check the books on a daily to ensure all is correct. Registered provider and manager will speak with staff member if in breach of non-compliance.
2. Paper work was discussed at meeting and manager is checking daily. Staff have been spoken to make sure they are aware of how to fill in daily sheets and to be aware of what they are signing. Manager will review the paper work daily and speak to staff member assigned to checking books daily.
3. The shelving unit has been removed and tiles put down to replace the piece the children played with. Management will keep check of the outdoor area with risk assessment. The registered provider will do a weekly walk around with risk assessment.
4. All chairs are stacked two high and the manager will do a visual check daily.
5. Staff in all rooms have been reminded to cut up the grapes if the parent has not done so. This was discussed at staff meeting 24 November 2025. Manager does a visual spot check. The registered provider has spoken at meeting about the dangers of the grapes not being cut up.
6. The registered provider submitted the following actions in response to the findings regarding the ineffective infection control measures in place:

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- a. The girls in question were spoken too and reminded that the sheets were there to be used. There is enough sheets for all the beds. The service has changed the junior room and pre-montessori room so that one is a sleeping room. So each bed has a sheet and blanket to cover all sleeping children. This is a visual check by manager daily.
 - b. This topic was discussed at the meeting 24 November 2025 all beds are to be cleaned once used. This is over seen by manager.
 - c. Beds have been spaced 50cm apart in the room. The registered provider has spoken to all girls and helped spaced out room to allow 50cm apart. This is overseen by manager.
 - d. The service will monitor this on a daily basis and it was also covered in the meeting 24 November 2025. Registered provider and manager covered this at the meeting and will be overseen visually by the manager.
7. Sleep records are kept in the ECCE room and all staff working in this room have been made aware of the importance of keeping these. A sleep record was started on the inspection and we will continue to do so. The manager is checking on a daily basis.
 8. ALL the cushions in the baby room have been replaced. Registered provider will oversee a quality check weekly.

Administration of Medication:

9. Again staff have been spoken to about the importance of this practice. All records have been corrected. This was discussed at the meeting. A staff member has been assigned to check the books on a daily basis and report to manager who will then talk to staff if needed.

Supporting documentation submitted

Findings 1,2,5,6,7,8 and 9; Photograph of the minutes of a team meeting held on 24 November 2025. The minutes referenced the completion of records [accident/incident, administration of medication and maintenance records], cutting of grapes, space between sleep beds and the cleaning of them after use. Photograph of low-level sleep beds demonstrating space between each bed and the use of bed linen.

Finding 3,4, and 7; Supporting documentation not submitted.

Finding 8; Photograph of cushions in the Baby room

Summary Comment

The regulatory requirement for Regulation 23 Safeguarding health, safety and welfare of child has not been met.

Finding 3; The registered provider submitted actions to outline the measures taken regarding risk assessments within the outdoor area. The response provided details on the actions implemented to reduce the likelihood of the reoccurrence of the non-compliance. This has been accepted and will be reviewed on the next inspection.

Findings 1, 2, 4, 5, 6, 7, 8, and 9:

Actions were submitted to outline the measures taken by the registered provider relating to the management of risk with record keeping, safe sleep and infection control practices. The minutes of a meeting were submitted as supporting documentation. Additional supporting documentation was not provided to demonstrate the actions taken by the registered provider. Assurances were not provided regarding the actions implemented to reduce the likelihood of non compliance recurring. Similar actions were submitted by the registered provider following the previous inspection in April 2025 which failed to achieve compliance. Details were not provided on the measures to ensure that the registered provider has oversight of the implementation of the actions submitted.

Part VII - Premises and Space Requirements

Regulation 30 - Minimum space requirements

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

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

(4) Where a registered provider contemporaneously provides-

(a) a sessional pre-school service, and

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

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

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Non-Compliance Information

In response to the non-compliance found on inspection in April 2025, the registered provider stated that the number of children attending the ECCE room was reduced to 14. This was not implemented.

A review of children's attendance records for the ECCE room from 15 September 2025 to 10 October 2025, demonstrated that there were more than 14 children in attendance for more than 3.5 hours in the ECCE room at any one time. On 11 days of the 20 days sampled, there were 15 to 18 children in attendance at the ECCE room for more than 3.5 hours.

This regulation was found to be non-compliant in 2024 and 2025.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The service reduced four children's hours. The registered provider will ensure the service only have 14 children in the afternoon.

Supporting documentation submitted

No supporting documentation provided.

Summary Comment

The regulatory requirement has not been met for Regulation 30 Minimum space requirements. Similar actions were previously submitted and failed to achieve or sustain compliance.

Additional preventive actions were not submitted to detail the monitoring practices undertaken by the registered provider to prevent reoccurrence of this non-compliance. Supporting evidence was not submitted to demonstrate the implementation of the actions.