

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier: TU2015DY009

Name of Service: Apple of My Eye

Address of Service: Unit 9, Meakstown Commercial Centre, Finglas, Dublin 11

Eircode: D11 KP08

Name of Registered Provider: Maria Toomey

Service type: Full Day, Part Time, Sessional

Date of Inspection: 21/10/2025

No of pre-school children:	AM	34	PM	31
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Address of the Early Years Inspectorate: Early Years Inspectorate Area 1
2nd Floor, Unit 4/5
The Nexus Building
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 | D15 CF9K

Inspection undertaken by: T. Nelson and E. Finnegan Hayes

Title: Early Years Inspector and Interim Inspection and Registration Manager.

Authority to Inspect

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

Conditions if applicable Not Applicable

Description of service

Apple of My Eye is a full day care service located in a residential area in Finglas Dublin 11 and is registered to provide early childhood care and education to a maximum of 56 children aged 1 to 6 years old, Monday to Friday. The service operates two Early Childhood Care and Education (ECCE) programme sessional services from 9.30am to 12.30pm and 1.00pm to 4.00pm.

Apple of My Eye operates from a two-storey adapted commercial unit and has four care rooms to include the Wobbler Room (1 to 2 years old), Toddler room (2 to 3 years old), and Junior Cubs room (3 to 5 years old). The Playschool room (2 to 5 years old) operates on a sessional care basis in the mornings and afternoons. There are sanitary facilities located off the care rooms with further sanitary facilities available for staff. There is an office and a cot room located on the ground floor, and a sensory room and staff room on the first floor. A fully enclosed outdoor area is located to the rear of the premises.

Staffing

The registered provider employs 15 staff to work in the service. There were nine staff present on the day of the inspection, including the person in charge. The registered provider does not work in the service but was present on the day of the inspection.

Methodology

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

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

The findings on inspection are based on:

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

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

A sampling process was used to assess compliance under regulation 19 (1)(a) Health, Welfare and Development of child and Regulation 22 Food and drink. As a result, the scope of the inspection included the Wobbler and Toddler rooms and did not include the Playschool and Junior Cubs room for those regulations.

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

Conditions were attached to the service registration on 26th August 2025 under Regulations 9, 11, 19, 22 & 23 Child Care Act 1991 (Early Years Services) Regulations 2016 for a period of 6 months.

On inspection, there was evidence that the following conditions were not complied with:

Regulation 9

- Ensure that all staff have completed the requirements for employment in accordance with all applicable legislation prior to commencing employment in the service.

Regulation 19

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

Regulation 22

- Ensure that adequate and suitable, nutritious and varied food and drink are available for each child attending this service including alternatives and additional portions of equal nutritional value.

Regulation 23

- Ensure that reasonable measures are taken to safeguard the health, safety and welfare of children attending the service ensuring that the environment of the service is safe.
- Develop and manage a risk assessment system outlining the process of risk identification, the staff roles and responsibilities, the controls/mitigation of identified risks in a timely manner. The risk assessments must be reviewed regularly and updated as required.
- Ensure that all reasonable measures are taken to identify and promptly address any matter that would negatively impact on the safety and wellbeing of children in attendance in the service.

On inspection there was evidence that the following conditions attached to the registration of this service were complied with:

Regulation 11

- Ensure adequate staffing to meet the needs of the children and maintain ratios at all times.

As the service was compliant post the corrective action and preventative action (CAPA) process, the National Registration Enforcement Panel (NREP) determined that the attached conditions were met and can be removed. This service remains under the supervision of NREP subject to next inspection.

Acknowledgments

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

Part III – Management and Staff

Regulation 9 – Management and recruitment

- (1) A registered provider shall ensure that-
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and
- (2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-
- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,
 - (b) consideration of references from reputable sources in the case of a person who has no past employers,
 - (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and
 - (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.
- (3) The procedures specified in paragraph (2) shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the pre-school service.
- (4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

Compliance Information

- (2) The full files of 2 staff who were new to the service since the last inspection on the 26 February 2025 were reviewed along with the Garda Vetting disclosures for 2 staff members, and the references for 2 staff

members which were outstanding following the last inspection. The registered provider had completed the following checks:

- (c) Garda vetting disclosures had been obtained for 4 staff members. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
 - (d) One adult who had lived in a state other than Ireland for six months or more as an adult had international police vetting from that state available for inspection.
- (4) The two new staff who worked directly with children attending the service held a qualification deemed eligible by the Department of Children, Disability and Equality.

Non-Compliance Information

- (1) The registered provider did not ensure that:
- (b) A review of the roster, and observation on the day of the inspection established that the person in charge or the deputy person in charge was not rostered to be present from 8.00am to 9.30am or from 5.00pm to 6.00pm. A person assigned with an agreed decision-making role must be present at all times during the operational hours of the service.
- (2) Although it is acknowledged that there were five written and verified references, three from a recent past employer and two from a reputable source, there was no evidence that the following was available:
- (a) One reference from a previous employer had not been verified by the registered provider to establish its validity for a new staff member.
 - (b) Two references from a reputable source had not been verified by the registered provider to establish their validity. These had been reviewed on the last inspection.
- (3) Documentary evidence available showed that the checks outlined in (2) had not been carried out prior to the adults having contact with the children in the service.

Appropriate checks on adults must be completed prior to them having access to the children in order to establish they are suitable and competent to work in the service.

This was identified as a non-compliance on the previous inspection held on the 26 February 2025 and actions put in place failed to prevent a recurrence.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (1)
 - (b) The registered provider has reported that staff have been identified as holding the role of the person in charge. A copy of the roles and responsibilities of the person in charge is now displayed in the service. A memo was sent to staff identifying the person in charge and their role and responsibilities.
- (2) Evidence was submitted that the three references have been verified. The registered provider commits to ensuring that all references will be verified before commencement of employment.
- (3) The induction checklist has been updated and amended to include all checks must be completed in advance of the employee start date. This has been clearly outlined to management for future reference.

Supporting documentation submitted

- (1) Photographic evidence.
- (2) Reference verifications.
- (3) Updated induction checklist.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 9 have been addressed and will be reviewed on the next inspection.

Part III – Management and Staff

Regulation 11 - Staffing levels

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

Compliance Information

- (1) On the day of inspection there were an adequate number of adults available to the children attending the service, enabling them to meet their care needs. The management team provided support where needed across the rooms.
- (2) The adult to child ratios were maintained correctly throughout the inspection. For example:

- There were eight staff available to 34 children present on the morning of the inspection and eight staff available to 31 children present on the afternoon of the inspection.
- The roster was managed to provide cover for breaks, ensuring ratios were maintained.

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.

Compliance Information

- (1)
- (a) The following activities, interactions, materials and equipment was observed to support children's learning and development:
- Staff interacted with the children in a warm engaged manner, for example sitting with them at snack time, interacting and showing interest in the children's conversation.
 - Children's toilets provided privacy for those who were toilet trained and wished to use the toilet independently.
 - Four children from the Toddler room who were taken to the Sensory room were observed to be engaged in a planned, small group table top activity.
 - There were documented plans available indicating children's interests, strengths and challenges for those children who required additional support.
 - Furniture in the rooms was suitable for the age and stage of development of the children.
 - Toys and equipment were stored on low-level shelving, accessible to the children, and were displayed in grouped or themed areas of interest.
 - The service reported they are currently engaging with an external support agency to develop and plan for the children's learning environment.

Non-Compliance Information

(1)

(a) The registered provider did not ensure the following:

1. The registered provider did not ensure that staff interactions were timely and responsive to children's needs and supportive of children's learning and development as demonstrated by the following findings in the Toddler room:

- Staff did not respond in a timely manner to a child's cues indicating an interest in a paint activity, with the child having to wait for almost 67 minutes before staff responded. The child was observed to verbally communicate they would like to paint at 10.35am. Staff reported to the inspector at 11.27am they were aware of the child's interest and brought some paper and an apron for the child, and at 11.41am the child was given some paint.
Staff should respond appropriately in a timely manner to a child's communication cues in order for a child to be assured they are communicating effectively.
- In the Toddler room there was no clear plan for activities that considered the needs of children such as the age and stage of the children, timing, and the children's interests. Children require a planned routine, developed in line with their need for play experiences that engages them at the level required for learning. The following was observed:
 - Children's behaviour was observed to become challenging following a period of table top activities which were observed to extend from 9.48am to 10.40am.
 - Children were observed to wander aimlessly for 30 minutes, with no activities after cleaning up prior to dinner time.
 - Children were observed to be disinterested in a music and dance activity which resulted in them engaging in challenging behaviour.

This was identified as a non-compliance on the last inspection on the 26 February 2025, and the actions submitted failed to prevent a recurrence.

2. There was a limited supply of books available to the 11 children present in the Toddler room, and they were maintained in poor condition. For example, only two of the nine books available were complete, with the remaining seven books either torn or with missing pages. Children require books to be complete and a story to be in sequence for it to make sense to them and for them to engage at the level required for learning. This could potentially impact on the engagement of children in early language and literacy experiences. This was identified as a non-compliance on the last inspection on the 26 February 2025.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The registered provider reports that all staff members were made aware of the need to improve their responsiveness towards each child's needs. An external support agency has been engaged to commence training with staff from the 27 November on supporting the environment for child led learning.
2. The registered provider will ensure that damaged books are replaced and that there will be a supply of books available. The service will continue to monitor children's engagement with books.

Supporting documentation submitted

1. Memo to staff.
2. Memo to staff.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 19 have been addressed and will be reviewed on the next inspection.

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

The registered provider ensured the following:

- Drinks of water were observed to be available to the children in the care rooms throughout the day.
- Documentary evidence and observation on the day showed that children received regular meals. Children received breakfast on arrival, a lunch between 11.00am and 12.00pm, a dinner between 2.30pm and 3.30pm and a snack at 4.30pm.

Non-Compliance Information

The registered provider did not ensure that there was an adequate supply of food available or that a suitable alternative meal of similar nutritious value was available. This is not in line with national guidelines on food and nutrition. The following was observed:

- An additional portion of a hot meal was not provided to a child who indicated they wanted more. An apple was offered as the alternative to an additional portion of dinner however the child became upset and threw the apple across the table, indicating that they did not want it.
- Staff advised that a hot alternative is not provided to children who do not want the hot meal provided and that the alternative consists of crackers, cheese and yogurt. This was observed to be offered as an alternative for one child who staff reported do not eat rice and curry.

This was identified as a non-compliance on the last inspection held on the 26 February 2025.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The registered provider has reported that they have increased the order from the external catering company to allow for additional portions of hot meals. The service will continue to monitor meal portions, ensuring that there are sufficient additional portions on days that the children want more than usual. Management have been made aware that particular attention must be placed when there are meals with specific dietary requirements required for children who cannot share the regular portions.

Supporting documentation submitted

Evidence of food order.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 22 have been addressed and will be reviewed on the next inspection.

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

The registered provider ensured the following measures were in place to safeguard children:

General Safety:

- Radiators in the care rooms were observed to be comfortable to touch and within the required temperature range of lower than 43°C.
- Window restrictors were observed to be fitted and in use.
- Small play items such as crayons were stored out of reach of children in the Baby room.

Infection Control:

- Liquid soap and dispensed paper towels were available at all wash hand basins used by the children and the staff members.
- Appropriate lidded, pedal operated bins were observed in use throughout the premises.
- Mattress covers were observed to be in use on all cots.

Fire Safety:

- A review of documentation showed there were recent fire drills completed.
- The code for the lock for the fire evacuation gate in the outdoor area was displayed, and staff were aware of where to access this.

Non-Compliance Information

General Safety:

1. The risk assessments available in the service were unsuitable and were not used appropriately which resulted in hazards not being appropriately identified and effectively mitigated. This was not in line with the service Risk Management policy. For example:
 - The garden risk assessment template available could potentially result in important checks which should be carried out on a daily basis not being completed.
 - The risk assessment template used for the rooms did not clearly identify potential hazards to check on a daily basis.

This lack of appropriate checks resulted in the non-compliances detailed in points 2-7 below.

This was identified as a non-compliance on the last inspection held on the 26 February 2025, and the response submitted failed to prevent a recurrence.

2. The emergency exit door on the first floor was observed to be propped open, leaving the emergency stairway potentially accessible to children from the Playschool room who were observed to leave the room unsupervised to access the toilet. The stairway was made of a metal grid, which posed a trip or slip hazard if accessed by unsupervised children.
3. A broken shelf with-nails protruding from it was observed propped against the wall on the first-floor hallway, which was accessible to children on the morning of the inspection. This posed a potential risk of injury.
4. Trailing flexes were noted within reach of children within the Playschool and Junior Cubs rooms and posed a potential injury risk. This was identified as a non-compliance on the last inspection held on the 26 February 2025. The corrective action provided has not been maintained and the preventative action submitted failed to prevent a recurrence.
5. A bottle of cleaning spray was stored in a box in the sanitary area of the Junior Cubs room was observed to be accessible to children. This posed a potential injury risk to children. This was identified as a non-compliance on the last inspection held on the 26 February 2025, and the actions submitted failed to prevent a recurrence.
6. An open can of energy drink was stored in the fridge in the Playschool room which was accessible to children. This drink is unsuitable for children and posed a potential risk of harm if ingested.

Infection Control:

The following increased the potential risk of infection:

7. Bed linen which was reported to be recently laundered was observed to be placed on the floor of the hallway prior to being stored in children's individual bed linen bags. This increased the risk of cross contamination.
8. Appropriately dispensed toilet rolls were not available in the following sanitary areas:
 - There was no toilet roll available in the toilet used by the children in the Playschool room.
 - The toilet roll in the toilet off the Toddler room was not hygienically dispensed.
9. A staff member was observed to bring a plate of food into the toilet area off the toddler room prior to giving it to a child.
10. There was a build-up of dirt and debris in the Toddler room indicating ineffective cleaning practices which increased the potential risk of cross contamination. The following was observed:

- There was dust, dirt and used pieces of play dough in the bottom of the box of books.
- The six cushions in the room were observed to be visibly dirty and stained.
- There was a build-up of dirt and debris in the crevice along a low-level window ledge.
- There was a build-up of dirt on the two plastic step-ups used by the children in the sanitary area.
- There was a build-up of dust on the ventilation unit in the sanitary area.

It is acknowledged that the cleaning records for the room were completed to date however this was not sufficient to prevent the build-up of dirt.

11. Three foam mattresses which were used for sleep by children from the Toddler room were observed to be ripped which prevented effective cleaning. This was identified as a non-compliance on the last inspection held on the 26 February 2025, and the actions submitted failed to prevent a recurrence.

Administration of Medication:

12. The procedures for the administration of medication were not sufficient to support effective safe practice. The information included in the care plans for two children on specific medication did not clearly detail required information which could result in a delay responding to their health needs. The following was observed:

- The care plan for one child did not clearly detail the sign and symptoms to look for or indicate when to administer the medication.
- The care plan for one child did not clearly detail where the medication was stored.

Safe Sleep:

Sleep practices were not in line with current safe sleep guidance or the service policy on Safe Sleep.

13. Staff did not carry out appropriate physical sleep checks on children which can have a potential risk to the safety of children while sleeping. The following was observed:

- A child was observed to be asleep in a cot with a comfort toy up against their face. This was removed by the inspector.
- A child was observed to drink a bottle while lying down nodding off to sleep.
- The inspector observed that staff did not complete a full check of the colour, breathing and position of sleeping children as staff did not check the children at the end of the cot room.
- A record of children's sleep checks was not maintained in a timely manner. This was not in line with safe sleep guidance which states sleep checks should be completed every 10 minutes. For example, a review of sleep records showed three children who were recorded as asleep at 12.09pm were not

recorded as being checked until 12.42pm. This was identified as a non-compliance on the last inspection held on the 26 February 2025, and the actions submitted failed to prevent a recurrence.

Fire Safety:

14. Staff did not respond in line with the service policy and procedures when the fire alarm was activated. The service policy on Fire Safety stated that on hearing the fire alarm staff should stop what they are doing and evacuate the building. It is acknowledged that the alarm was triggered accidentally, however not all staff and children were aware of the cause of the alarm and staff did not follow the evacuation procedure.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. A comprehensive risk assessment checklist was developed and is now in use on a daily basis. The registered provider ensures this will be reviewed periodically and amended as required and is in addition to a monthly risk assessment already in use.
2. A memo was shared with staff advising them of the concerns raised in the inspection report. The service will ensure this door will be closed at all times. There is now a sign in place reminding staff to ensure the door is kept closed.
3. The registered provider reports that the staff team were immediately advised that broken or damaged equipment must be stored in any of the 2 storerooms on site and never left accessible to children. A memo was shared with staff advising them of the concerns raised in the inspection report.
4. The registered provider will ensure that flexes are secured, and this is now included in daily risk assessments.
5. All cleaning products were moved out of reach and a sign is now in place advising staff not to store cleaning products on the windowsill. This is included in the risk assessment.
6. The can was removed on the day of the inspection. A memo was shared with staff advising them of the concerns raised in the inspection report. The service will ensure that only children's food and drinks will be stored in the fridge.

Infection Control:

7. The registered provider reports that this was an oversight will not be repeated. A memo was shared with staff advising them of the concerns raised in the inspection report.

8. Toilet rolls were put in the appropriate dispensers. A memo was shared with staff advising them of the concerns raised in the inspection report. This is included in the daily risk checklist.
9. A memo was shared with staff advising them of the concerns raised in the inspection report, and of this inappropriate practice. The registered provider ensures this will not be repeated.
10. The registered provider reported that the areas reported were thoroughly cleaned, and that the steps in the sanitary area were replaced. The daily risk assessment includes a check on cleaning the condition of equipment to ensure this is maintained.
11. The foam mattresses were immediately disposed of. The condition of mattress will be checked on a daily basis.

Administration of Medication:

12. Both care plans were updated, and the care plan template was updated to include missing information.

Safe Sleep:

13. A memo was shared with staff advising them of the concerns raised in the inspection report, and all staff are now aware of the requirement to complete and document a sleep check for all children. The service report sleep check records are now being monitored daily, and reminders sent to team members if necessary. This role has been appointed to the deputy manager as part of their daily checks.

Fire Safety:

14. The registered provider reports that all team members were advised they must follow procedures on the sound of the fire alarm. The service had a fire awareness action for the month of November to raise awareness.

Supporting documentation submitted

General Safety:

1. Risk assessment.
2. Evidence of door sign, memo to staff.
3. Memo to staff.
4. Photographic evidence, risk assessment.
5. Photographic evidence, risk assessment.
6. Photographic evidence, memo to staff.

Infection Control:

7. Memo to staff.
8. Memo to staff, risk assessment.
9. Memo to staff.
10. Photographic evidence, memo to staff.
11. Photographic evidence, risk assessment.

Administration of Medication:

12. Evidence of updated care plans.

Safe Sleep:

13. Memo to staff, evidence of sleep checks, manager checklist.

Fire Safety:

14. Memo to staff.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 23 have been addressed and will be reviewed on the next inspection.