Early Years Inspectorate Regulatory Report
Pre School

TUSLA Identifier:	TU2015DY065
Name of Service:	Early Journeys
Address of Service:	78 The Park, Beaumont Woods, Dublin 9.
Eircode:	D09 NX51
Name of Registered Provider:	Rita Keszei
Service type:	Full Day, Part Time, Sessional

Dates of Inspection:	02/03/2026
Date 2 of Inspection:	04/03/2026
Date 3 of inspection:	01/04/2026

No of pre-school children:	AM	60	PM	35
Day 2	AM	62	PM	60
Day 3	AM	58	PM	58

Address of the Early Years Inspectorate:	Early Years Inspectorate 2nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15 | D15 CF9K
Inspection undertaken by:	Day 1 and Day 2; C. Harte & T. Nelson Day 3; C. Harte & E. Finnegan Hayes
Title:	Early Years Inspectors & 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	14th January 2026 Regulation 30 of the Child Care Act 1991 (Early Years Service) Regulations 2016 The Registered Provider will be required to comply with the following condition. • Ensure that the health, safety and welfare of the children in attendance is maintained by meeting the minimum floor space requirements and not exceeding the service registered numbers of 52 children with a maximum of 48 children attending as full day care at any one time. This condition will remain in place for 12 months.

Description of service
Early Journeys is one of two services privately owned and operated by the registered provider. The service operates from 7.30am to 6pm daily offering full day-care, part-time and sessional childcare to children aged from birth to 6 years. During the school year the service participates in the Early Childhood Care and Education (ECCE) scheme. The service is located in a two-storey building in an urban area of Dublin 9. On the ground floor, there was a kitchen, laundry room, a staff sanitary facility and three care rooms in operation called the Baby room, the Toddler room and the Preschool room and on the first floor, there was an office, a staff room, a staff sanitary facility and one care room called the Ready-for-School room. There are sanitary facilities off each care room. An outdoor play area is located at the back of the premises. The service also operates a registered school aged childcare service.
Staffing
There were 13 staff employed on day one of the inspection however two new staff commenced employment on day two and one additional new staff member present on day three giving a total of 16 staff employed by the registered provider. This included the deputy person in charge, a chef and 14 early years professionals who work directly with the children. Two of the early years professionals work across two premises owned and operated by

the registered provider. The registered provider works in the service managing oversight of the two service locations and is available to provide support in the care rooms.

Methodology

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

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

The findings on inspection are based on:

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

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

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 rep

ort are compiled by the inspectorate body.

Additional Information

The service was referred to the National Registration Enforcement Panel in September 2025 due to repeated instances of the service operating over its registered numbers. A condition was attached to the service registration on 14th January 2026 under the Child Care Act 1991 (Early Years Services) Regulations 2016 for a period of 12 months which stated that the registered provider must;

- *Ensure that the health, safety and welfare of the children in attendance is maintained by meeting the minimum floor space requirements and not exceeding the service registered numbers of 52 children with a maximum of 48 children attending as full day care at any one time.*

On inspection, the service was found to have breached this condition. Further information is available under Regulation 30.

This inspection was triggered by information received by the inspectorate.

An Immediate Action Notice was issued to the registered provider on day one of the inspection under Regulation 23, in relation to a non-compliance identified under Regulation 23. A response was received from the registered provider which mitigated the risk identified. See body of report for details.

An additional Immediate Action Notice was issued to the registered provider on day two of the inspection under Regulation 23, in relation to a non-compliance identified under Regulation 23. A response was received from the registered provider which mitigated the risk identified. See body of report for details.

Two statutory notices were issued on day three of inspection detailed below in line with enactment of Tusla enforcement powers on 30 March 2026. Details are listed below.

Statutory Notices		
Notice	**Date Served**	**Detail**
Immediate Action Notice IAN 0281	01/04/2026	Evidence of garda vetting was not available for one adult who had access to children.
Status	Action was taken by the registered provider immediately and the provider submitted a written response which detailed corrective and preventative actions were accepted by the inspectorate. Garda vetting must be submitted to the inspectorate prior to the person being allowed access to children in the service.	
Improvement Notice IN 0361	01/04/2026	Evidence of the service operating over their registered number led to overcrowding in rooms.
Status	Corrective action was taken by the registered provider within the required timeframe of the notice. The provider also submitted a written response which detailed preventative actions which were accepted by the inspectorate.	

Escalation and Enforcement Actions		
Action	**Date**	**Detail**
Regulatory Enforcement Meeting	14/04/2026	Meeting held with Registered Provider concerning condition related inspection findings. Engagement and deliberations are ongoing.
Status	In progress	

Acknowledgments

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

Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

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

Non-Compliance Information

(1) The registered provider was observed to be operating outside of their registered numbers without the approval of Tusla. The service is currently registered to provide care to 48 children on a full day care basis and 52 children on a sessional basis. Sixty-five children were registered to attend on a full day care basis on day one and two of the inspection, this increased to sixty-seven children by day 3 of inspection as two new children commenced in the service. The following was observed;

- On day one of inspection 60 children were observed to be present during the morning session.
- On day two of inspection 62 children were observed to be present during the morning session and 60 were present for the full day.
- On day three of inspection 58 children were observed to be present for the full day.

A review of attendance records dated between January and April 2026 demonstrated that this is an ongoing practice for the service and documentation available indicated that further children are scheduled to begin attending in the coming months. This is an ongoing non-compliance for the service for which the service was escalated to the national registration enforcement panel however the registered provider has failed to put corrective actions in place.

Corrective & Preventive Action submitted by the Registered Provider

<u>Corrective and Preventive Action</u>

Enrolment was ceased with immediate effect, and no further admissions are being accepted at this time.

A managed reduction plan has been introduced to ensure the service operates fully within the registered capacity of 48 full day care places. These actions were treated as a priority and implemented without delay to restore compliance and ensure the service remains operating within its registered conditions at all times.

Review and strengthening of the admissions and enrolment policy to ensure that registered capacity limits are strictly adhered to at all times. Introduction of monthly internal compliance audits, with oversight at provider level. A formal commitment that any future intention to vary registered numbers will be subject to prior application and written approval from Tusla.

Supporting documentation submitted

Evidence of reduction in number of children registered and communication with parents.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 8 has been addressed. This will be reviewed on next inspection.

Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

(a) the service has a designated person in charge and a named person who is able to deputise as required,

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

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

(a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,

(b) consideration of references from reputable sources in the case of a person who has no past employers,

(c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and

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

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

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

(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) The registered provider ensured that:

(a) The service had a designated person in charge and a named person to deputise as required.

(b) A review of the roster showed that either the person in charge or the deputy person in charge were rostered to be present during the operational hours of the service on both days of inspection.

(2) Following a review of previous inspection information, information available on inspection and discussion with the person in charge it was determined that five new staff members had been employed since the previous inspection. One of these staff members worked across two services and two of these staff members began employment on day 2 of the inspection. All five of these new staff members work directly with the children. Two students were present on an educational work placement programme. A total of seven files were reviewed. In addition, Garda vetting for one staff member whose disclosure was identified as due for renewal was requested for review.

The registered provider had completed the following checks:

(a) Eight written and validated references were available from past employers.

(b) Six written references were available from a source other than a past employer, two of which were not validated.

(c) Garda vetting disclosures had been obtained for seven adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d) Police vetting was available for six adults who had lived in a country other than Ireland for a period of six months or more as an adult.

(4) Evidence was available to show that five staff members who worked directly with the children 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.

(7) (a) Discussion with staff members and management, a review of a sample of induction records, staff support and supervision records, and staff meeting minutes demonstrated staff had been provided with information

and had received updates on the policies and procedures in the service required under Schedule 5. Staff induction consisted of a variety of topics including behaviour management, outdoor play and safety.

Non-Compliance Information

(2) (c) See Statutory Notice section in relation to Immediate Action Notice IAN0281 served.

(3) The registered provider did not ensure that adequate checks were conducted prior to one adult starting. A review of documentation demonstrated that there were no reference validations available for one person who had commenced in the service. Checks must be completed prior to a person having access to the children in order to establish they are appropriate to have access to children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(3) The outstanding references have now been obtained, validated, and appropriately documented on file. A full audit of all staff files has been conducted to ensure that all pre-employment checks, including references, are complete and compliant. Any gaps identified have been addressed immediately. A compliance checklist has been applied to all staff files to verify completeness. The register provider confirms that this matter has now been fully rectified. A revised recruitment procedure has been implemented to ensure all required checks, including reference validations, are fully completed and reviewed prior to any staff member commencing employment or having access to children.

Supporting documentation submitted

No evidence provided.

Summary Comment

The actions outlined above are sufficient to address the non-compliance under Regulation 9. This will be reviewed on 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.

Non-Compliance Information

(1) The registered provider did not ensure there was an adequate number of adults working directly with the children based on the individual ages of the children present in the service at all times across the days of inspection. For example:

- On day two at 12.40pm there was 8 adults caring for 62 children aged between 1-5 years 10 were required.
- On day two at 2.45pm there was 10 adults caring for 59 children aged between 1-5 years 10 were required.
- On day three at 12.57pm there was 8 adults caring for 58 children aged between 1-5 years 10 were require.

(2) The registered provider did not ensure that the adult child ratios were maintained in the service at all times across the two days of inspection. The following was observed:

Day 1

Time	Room	Age range	No. of children present	Staff present	Staff required
10.46-11.20am	Baby	1-2 years	17	3	4

Day 2

Time	Room	Age range	No. of children present	Staff present	Staff required
12.41-12.51pm	Preschool	3-4 years	9	1	2
12.30-12.51pm	Ready for school	3-6 years	21	2	3

12.51-1.30pm	Ready for school	3-6	23	2	3
2.45pm	Outdoor area	3-6 years	31	2	4

- Discussion with staff confirmed they had been out of ratio since lunches began on day 2.
- The group of 31 children returned indoors at 3:04pm and were separated into two care rooms; the preschool room and the ready for school room. The following was observed;
  - Twelve children were in the preschool room with one staff member; two staff were required.
  - Nineteen children were in the Ready for school room with two staff members; three were required.

Day 3

Time	Room	Age range	No. of children present	Staff present	Staff required
12.53pm	Baby	1-3.5years	21	3	4
2.00pm	Baby	1-3.5years	19	3	4
12.52pm	Ready for school	3-6 years	20	2	3
2.05pm	Ready for school	3-6 years	19	2	3

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) Staffing levels have been adjusted to ensure compliance with required ratios at all times. Additional relief staff have been secured to support ratio compliance. A designated person in charge is assigned daily to monitor ratios throughout the day. Ratio checks are now recorded at set intervals and reviewed by management.
A staffing contingency plan has been developed, including access to a panel of trained relief staff to cover short-notice absences. Management has introduced a live ratio tracking system to monitor child attendance and staffing levels in real time with the use of a software application.

(2) Following the inspection, staffing arrangements and room allocations were immediately reviewed to ensure the required adult-child ratios are maintained at all times. Additional oversight measures have been implemented by management to monitor ratios throughout the day, and staff have been reminded of their responsibility to ensure compliance with Regulation 11. Management has implemented enhanced ratio

monitoring procedures, including regular daily checks of attendance and staffing levels to ensure compliance with adult-child ratio requirements at all times. Staff deployment will be reviewed throughout the day by management, and ongoing monitoring and spot checks will be carried out to prevent a recurrence of this non-compliance.

Supporting documentation submitted

Daily ratio sheet.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 11 have been addressed. This will be reviewed on 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)(b)

The registered provider ensured the following:

- Practices such as mealtimes were observed to be regular, children were observed to be offered a mid-morning fruit snack, a hot meal at 11.30am and a tea in the afternoon. Alternative meals were offered for those children who required an alternative diet. Staff were observed to encourage self-feeding and offer support to those who required it.
- Staff were observed to tend to the children's need for comfort in a timely manner, for example changing a child's top immediately when it was wet, putting a bobbin in a child's hair to ensure they could comfortably eat their meal, and bibs were provided during mealtimes.
- Staff were observed to respond to the children using supportive strategies such as warm tones and comfort when required.

- Children's privacy was supported during toileting in the Ready for School room with a child friendly magnetic close mechanism.

Non-Compliance Information

(1)(a)

The layout of the baby room and the materials available was not sufficient to facilitate independent play experiences for the age range of children in the room. For example:

- There was no direct access to construction toys. The plastic bricks available were stored in a lidded box in a corner enclosed by shelving leaving it inaccessible to a child who was observed trying to climb onto the shelf to reach it.
- The layout of the furniture was not positioned to effectively support cruising skills for pre-mobile children; a child was observed to trip over a toy while trying to walk for one area of the room to another. This can potentially limit confidence in early motor development.
- The room was cluttered, and the children were observed to wander through the play space with no focus showing signs of disinterest, resulting in children climbing on furniture and equipment.
- Six battery operated toys were broken and therefore could not be used for the purpose in which they were designed.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Following the inspection, the baby room environment was immediately reviewed and reorganised to better support independent play, accessibility, and the developmental needs of the children attending the room. Construction toys and age-appropriate materials have been repositioned at child level to ensure children can independently access resources safely. Furniture has been rearranged to provide clear pathways and better support cruising and early walking skills for pre-mobile and mobile children. Clutter was removed from the room to create a calmer, more engaging play environment and to reduce unsafe climbing behaviours.

All broken battery-operated toys were removed, checked, and repaired or replaced as required. Staff have been reminded that it is their responsibility to carry out regular battery checks and replace batteries where necessary to ensure equipment remains functional and suitable for children's use.

Introduction of a room layout review process, with regular evaluations to ensure the environment remains accessible, safe, and developmentally appropriate for the children in attendance.

Implementation of a toy and equipment rotation system to prevent clutter and maintain children's interest and engagement.

Supporting documentation submitted

Copy of communication to staff team.

Template of daily visual checklist.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 19 has been addressed.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Compliance Information

General Safety:

- The service entrance was secure on both days of inspection when the inspectors arrived. A video bell and intercom system was in pace. Staff attended the door to allow access.
- Blind cords were secured and no trailing flexes were observed.
- A sample of 9 accident and incident records were reviewed and observed completed in full including parents signature confirming they were informed of the incident.

Infection Control:

- Areas such as care room walls and door surrounds were observed maintained allowing for effective cleaning.
- The sanitary areas were observed clean, maintained and suitable for use.
- Dispensed hand towels and liquid soap was available.
- Children were supported to wash their hands before mealtimes and after play in the outdoor area.
- Extractor vents were cleaned and free from dust.

Safe Sleep:

- Children were provided with age and developmentally appropriate sleep facilities in line with Tusla's "Guidance for the Early Learning and Care sector on sleep provision for children under 24 months".

Fire Safety:

- The fire evacuation route was observed clear of obstruction on both days of inspection

Non-Compliance Information

General Safety:

1. Water in the Toddler room sanitary area was not thermostatically controlled and was in excess of 50°C which posed a potential risk of scalding to children. The water temperature was recorded on the inspector's calibrated thermometer at 57.5°C. An immediate action notice was issued on day one of the inspection. This noncompliance was observed on previous inspections. The preventative action was not maintained in line with the information provided to the inspectorate following the last inspection.
   It is acknowledged on day two of the inspection the water temperature was recorded at 35.9°C in line with the allowable maximum temperature of 43°C.
2. The policies and procedures for identifying and reporting risk in the service were unsuitable and were not used appropriately which resulted in hazards not being appropriately identified and effectively mitigated. This is evidenced under the non-compliances detailed in points 3 to 5.
3. The Baby room was not adequately secured which posed a significant risk to children's safety. On day one of the inspection the door handle was observed to be damaged. On day two the issue remained unresolved despite managements awareness of the issue and had escalated resulting in the door handle being completely broke and unusable. The door was observed to propped open using a foam door stopper. An immediate action notice was issued.
4. The soft close mechanism on the Toddler sanitary door was not operating correctly. In addition, the door handle was damaged allowing the door to be opened by a push. This posed a potential risk of injury to children. This non-compliance was observed on the previous inspection. The preventative action was not maintained in line with the information provided to the inspectorate following the last inspection.
5. Cleaning agents were not stored safely out of children's reach and were located in a low-level press without a safety lock in the Baby room kitchenette area. This posed a potential risk of accidental poisoning.
6. During sleep time in the Toddler room drawstring bags used to store children's bed linen were accessible to children on a low-level table and on the floor. This posed a potential risk of injury to children.

Fire Safety:

7. Attendance records were not maintained in a timely manner and posed a potential risk of hindering safe evacuation in the event of an emergency. On day one the following was observed:
   - Two children who were present on the premises were not signed in

- A review of the Ready for School attendance record demonstrated that 6 children who had left the premises between 11.56-12.30pm had not been signed out.

This non-compliance was observed on the previous inspections. The registered provider has failed to implement a corrective action or preventative action to resolve the non-compliance.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The sink was placed under direct supervision and restricted from use until safe temperature levels were confirmed. Additional daily checks of water temperature were implemented across all sanitary areas. The water temperature in this specific sink is working well since the last professional plumber fixed it. Introduction of a daily recorded water temperature check in all children' s sanitary areas, with clear accountability assigned to designated staff. Introduction of a maintenance log and escalation procedure, ensuring that any fluctuation in water temperature is addressed immediately and not considered resolved without ongoing verification.
2. Following the inspection, the service's risk management policies and procedures were immediately reviewed and updated to ensure hazards are appropriately identified, reported, and mitigated in a timely manner. Staff were reminded of their responsibility to report and address risks promptly, and management has implemented increased oversight and monitoring to ensure all safety concerns are identified and acted upon effectively. Management has implemented revised risk assessment and reporting procedures to ensure hazards are identified, reviewed, and addressed promptly. Regular environmental checks and management audits will be carried out, and staff will receive ongoing guidance and supervision regarding their responsibilities in relation to risk identification and reporting to ensure continued compliance with Regulation 23.
3. The damaged door handle was removed and replaced without delay with a suitable, robust commercial-grade fitting. The use of temporary door propping devices was ceased immediately. Implementation of a maintenance reporting and escalation log, ensuring that all defects are recorded immediately and addressed only through approved maintenance channels. Formal reinforcement of staff procedures regarding immediate escalation of any environmental safety risks.
4. The faulty soft-close mechanism has been repaired and fully restored to safe working order. The damaged door handle has been replaced with a secure, child-appropriate handle that prevents the door from being opened by pushing. The door has been tested to ensure it closes safely and functions as intended,

eliminating the identified risk of injury. A scheduled maintenance and safety check has been introduced for all doors and fixtures within the service, with particular attention to sanitary areas.

A daily visual inspection checklist has been implemented for each room, requiring staff to report any faults immediately to management. A maintenance log has been established to record all repairs, checks, and follow-up actions, ensuring accountability and traceability.

5. One cleaning agent bottle was immediately removed from the low-level press upon identification of the issue. Staff were reminded immediately of correct storage requirements for all hazardous substances, with clear instruction that all cleaning products must be stored in locked, designated storage areas only.
6. The drawstring bags were removed immediately following the identification of the risk. Drawstring bags have been permanently discontinued within the service and will no longer be used for the storage of children's bedding. Alternative safe storage solutions are now in place to ensure there is no risk to children.

Fire Safety:

7. Attendance records were immediately updated. Following this finding, all staff were formally reminded that it is their responsibility to ensure children are signed in and out immediately upon arrival and departure from the service. Management has reinforced monitoring procedures to ensure attendance records are maintained accurately and in real time to prevent a recurrence of this non-compliance.

   A designated staff member in each room will now complete and cross-check attendance records throughout the day. Attendance procedures have been reviewed with all staff during team meetings and will form part of ongoing supervision and induction training.

<u>Supporting documentation submitted</u>

General Safety:

Daily water temperature monitoring log.

Maintenance reporting log.

Environmental hazard risk assessment form.

Manager daily checklist.

Copy of communication to staff team.

Fire Safety:

Copy of communication to staff team.

Manager daily checklist.

Summary Comment

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

Part VI - Safety

Regulation 27 – Supervision

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

Non-Compliance Information

The registered provider did not ensure that children were adequately supervised at all times during the inspection. The following was observed:

1. The layout of the baby room and the positioning of staff within in the space resulted in the corridor area which was part of the room at times being out of staff's view. On both days of inspection children were observed to be present in this area out of staff sight which posed a potential risk to the children.

2. A child was observed to approach the door in the baby room which was propped open with the potential to exit the room unsupervised as staff were engaged in other duties.

Corrective & Preventive Action submitted by the Registered Provider

<u>Corrective and Preventive Action</u>

1. Following the inspection, the layout and supervision arrangements within the baby room were immediately reviewed. Staff were instructed that children must remain within sight and sound supervision at all times and that no child is to access the corridor area unsupervised. Furniture and play areas were reorganised to improve visibility throughout the room, and staff positioning was adjusted to ensure all areas, including the corridor space, are fully supervised at all times. All staff were reminded of their responsibilities under Regulation 27 regarding supervision and child safety. Room leaders and management will carry out regular supervision checks and daily observations of staff positioning to ensure compliance with supervision procedures. Supervision practices will be reviewed during team meetings, staff supervisions, and induction training to reinforce the importance of maintaining sight and sound supervision. The environment will continue to be monitored and adjusted where necessary to eliminate blind spots and reduce any potential risks to children's safety.

2. The door was immediately secured and monitored, and the use of a door stopper was ceased without delay. The faulty handle was removed and replaced with an appropriate, robust commercial grade fitted by a qualified contractor. Implementation of a daily safety and security checklist, including verification that all doors in baby and toddler rooms are secure, fully operational, and appropriately closed. Strengthened supervision procedures to ensure that access points are actively monitored at all times, particularly during periods of staff engagement in other duties.

Supporting documentation submitted
Copy of communication to staff.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 27 have been addressed. This will be reviewed on next inspection.

Part VII - Premises and Space Requirements

Regulation 30 - Minimum space requirements

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

Non-Compliance Information

(2) During the inspection the registered provider did not ensure there was a minimum clear floor space available for the number of children attending the service. The table below details the maximum number of children that can be accommodated and the number of children present. The following was observed:

Day 1

Room Name	Maximum number of children allowed	Children in attendance
Baby room 1-2 years 44.8 m^2	16 children attending full day care (FDC) (2.8 m^2 required per child 1-2years)	Am - 17 children FDC Space available exceeded by 1 child
Toddler room 2-3 years 27.12 m^2	11 children attending full day care (2.3 m^2 required per child 2-3years)	Am - 12 children FDC Space available exceeded by 1 child

It is acknowledged on day one of the inspection families were contacted to collect children early where possible. This resulted in a large volume of children exiting the service across all care rooms before the PM count.

Day 2

Room Name	Maximum number of children allowed	Children in attendance
Baby room 1-2 years 44.8 m^2	16 children attending full day care (FDC) (2.8 m^2 required per child 1-2years)	AM - 18 children FDC Space available exceeded by 2 children PM - 18 children FDC Space available exceeded by 2 children
Preschool room 3-4 years 22.8 m^2	9 children attending full day care or 12 children attending sessional care (1.81 m^2 required per child during sessional care) 2.3 m^2 required per child during FDC)	PM - 12 children FDC Space available exceeded by 3 children
Ready for School room 3-5 years 32m^2	13 children attending FDC or 17 children attending sessional care (1.81 m^2 required per child during sessional care) 2.3 m^2 required per child during FDC)	AM - 21 children sessional Space exceeded by 4 children PM - 23 children FDC Space available exceeded by 10 children

Day 3

Room Name	Maximum number of children allowed	Children in attendance
Baby room 1-2 years 44.8 m^2	16 children attending full day care (FDC) (2.8 m^2 required per child 1-2years)	AM - 18 children FDC Space available exceeded by 2 children PM - 17 children FDC Space available exceeded by 1 child
Ready for School room	13 children attending FDC or	AM - 20 children sessional Space exceeded by 3 children

3-5 years 32m^2	17 children attending sessional care (1.81 m^2 required per child during sessional care) 2.3 m^2 required per child during FDC)	PM - 20 children FDC Space available exceeded by 7 children

In addition to the inspection day a review of attendance records dated between January and March 2026 demonstrated that this is an ongoing practice for the service. This non-compliance was observed on the previous inspections. The preventive action has not been carried out in line with the information provided to the inspectorate following the last inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Immediate action was taken to reduce the number of children within the affected rooms to ensure compliance with the required minimum clear floor space per child. Children were relocated to our second location, which reduced occupancy and ensured adequate space within the service. Room layouts were also reviewed and adjusted, and children were redistributed appropriately across rooms.

Ongoing monitoring of attendance and room occupancy is in place to ensure continued compliance with space requirements. Management confirm that the service is now operating within the required space standards.

Supporting documentation submitted

Evidence of reduction in number of children registered and communication with parents.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 30 have been addressed. This will be reviewed on next inspection.

Part VIII - Notifications and Complaints
Regulation 32 – Complaints
(1) A registered provider shall ensure that the complaints policy of the service specifies- *(a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,* *(b) the manner in which such a complaint shall be dealt with, and* *(c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.* *(2) A registered provider shall ensure that-* *(a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and* *(b) the complaint is duly dealt with in accordance with the provider's complaints policy.*
Compliance Information
The registered provider ensured the following: (1) There was a complaints policy maintained which outlined the following: (a) The procedures to be followed when making a complaint. (b) The way complaints would be dealt with. (c) The procedures for keeping the complainant informed on how the complaint is being dealt with. (2) (a) The registered provider ensured a mechanism was in place to maintain a record of any complaints received. (b) A sample review of records maintained since January 2025 demonstrated complaints were managed in line with service policy.