

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015FL015
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Name of Service:	Avon Lodge Creche & Montessori
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Address of Service:	Church Ave, Blanchardstown Village, Dublin 15.
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Eircode:	D15 V0HE
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Name of Registered Provider:	Bernadette Hill
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Service type:	Full Day
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Date of Inspection:	12/05/2026
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No of pre-school children:	AM	13	PM	13
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Address of the Early Years Inspectorate:	Early Years Inspectorate, Floor 7 Brunel Building, Heuston South Quarter, St John's Road West, Kilmainham, Dublin 8 D08 X01
Inspection undertaken by:	E. Griffin and T. Nelson
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).

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Description of service

Avon Lodge Creche & Montessori is one of three preschool services operated by the registered provider. The service operates from a single-story building located in Blanchardstown village in North Dublin. The service is registered to provide an early years' service from 8:00 a.m. to 6:00 p.m., however, the service is currently operating between the hours of 8:00am to 5:00pm. At the time of the inspection, the service did not have children under 1 years of age present. The service participates in the Early Childhood Care and Education (ECCE) scheme and is registered to operate a school aged service.

There are three care rooms, a cot room and a kitchen. One of the care rooms was not in operation as a care room on the day of the inspection. A secure outdoor play area was located off the car park near the front of the service.

Staffing

The registered provider manages the oversight of the service and employs six adults to work in the service. Adults employed include the person in charge, four childcare staff including one adult from another service operated by the registered provider and one cook.

On the unannounced arrival of the inspectors there were four adults present; three childcare staff and the cook. Shortly after the inspection began the registered provider arrived and remained on site to help facilitate the inspection process.

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

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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 9(2), (4) and (7), Regulation 191(a)(b) Health, Welfare and Development of Child and Regulation 23 Safeguarding Health, Safety and Welfare of Child, Regulation 32 Complaints. As a result, the scope of the inspection included the pre-Montessori room and the Montessori room.

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.

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.

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Statutory Notices		
Notice	Date Served	Detail
Immediate Action Notice IAN 0343	13/05/2026	Evidence of police vetting was not available for one adult who had access to children. Police vetting must be provided to the inspectorate prior to the person having access to children.
Status	Action was taken by the registered provider immediately following service of the Notice and the provider submitted a written response on 12 May 2026 with detailed corrective and preventative actions which were accepted by the inspectorate.	
Immediate Action Notice IAN 0344	12/05/2026	Evidence of police vetting was not available for one adult who had access to children.
Status	Action was taken by the registered provider immediately following service of the Notice and the provider submitted a written response on 12 May 2026 with detailed corrective and preventative actions which were accepted by the inspectorate. Police vetting must be submitted to the inspectorate before this person is allowed access to the children.	
Improvement Notice IN 0302	12/05/2026	The emergency medication for a child with a specific diagnosed condition was out of date. This posed a significant risk to the health of the child.
Status	Action was taken by the registered provider immediately following service of the Notice and the provider submitted a written response on 13 May 2026 with detailed corrective and preventative actions which were accepted by the inspectorate.	

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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.*

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

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

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

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

Compliance Information

(1)

- (a) The service had a designated person in charge and named person to deputise as required.
- (b) The person in charge was present in the service when the inspector arrived and remained in the service for the duration of the inspection.

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- (2) Through discussion with the registered provider there has been three new adults employed to work in the service since the last inspection. The staff files of the three new adults and one cover staff from another service operated by the registered provider were reviewed as part of the inspection. The following checks were completed.
- (a) There were three written and validated references available from a past employer.
 - (b) There were five written and validated references available from reputable source.
 - (c) Garda vetting disclosures had been obtained for the four adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
 - (d) There was documentary evidence of police vetting available for one of the three 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 three adults whose files were reviewed and 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.

Non-Compliance Information

- (2) (d)
- See Statutory Notice section in relation to Immediate Action Notice IAN 0343 served.
 - See Statutory Notice section in relation to Immediate Action Notice IAN 0344 served.
- (3) The registered provider did not ensure the checks required under (2) were completed prior to the start date of two staff having access to children in the service. This posed a potential safeguarding risk.
- (7)(a)
- There was no documentary evidence to show that the registered provider conducted regular staff supervision. In addition, the service did not have a supervision policy in place as per regulatory requirements. It is acknowledged that there was evidence that staff had engaged in supervision meetings with the registered provider on an ad hoc basis. However, it is important that structured supervision is carried out to ensure staff are supported to carry out their work within the service. A staff supervision policy should include how staff are supervised and supported in the service in relation to their work practices, the format, duration and frequency of supervision and where the records will be kept and stored and for how long they will be kept for.

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- Although there was evidence that staff engaged in continuous professional development training the service did not have a staff training policy in place as per regulatory requirements. A staff training policy should outline how staff training needs are identified and addressed and what resources are provided for training and the availability of ongoing training and professional development for staff.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (3) Measures have been introduced to ensure that all Garda Vetting and overseas Police Vetting documentation is completed and verified before employees commence work. The Recruitment and Vetting Policy have now been updated to include overseas police clearance requirements in line with Tusla safeguarding requirements. A staff compliance checklist and regular personnel file reviews will also be maintained to prevent recurrence.
- (7) (a) A Staff Supervision Policy and a Staff Training Policy were developed, implemented and shared with all staff. The supervision policy outlines the purpose, format, frequency, duration, recording and storage of supervision meetings. A supervision schedule has been established to ensure all staff receive formal supervision on a regular basis. A supervision record template has been introduced and completed records will be signed and stored in each staff member's personnel file. Training needs and professional development opportunities will be discussed during supervision meetings and recorded on the supervision form. Retrospective supervision records were completed where appropriate, and a supervision file has been established to securely maintain all records. The Manager will review supervision and training records annually to ensure they are up to date and that the service remains compliant with regulatory requirements.

Supporting documentation submitted

- Documentary evidence of updated policies.
- Documentary evidence of Staff Supervision Policy, Staff Training Policy, supervision schedule, supervision record and training needs and professional development record form.

Summary Comment

The actions taken by the registered provider through the corrective and preventive action plan have addressed the non-compliances identified under Regulation 9(3) and 9(7)(a).

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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) The registered provider ensured that there was an adequate number of adults working with the children throughout the inspection. There were three adults caring for thirteen children during the morning and three adults caring for thirteen children during the afternoon of inspection.
- (2) The adult child ratios were correct when the inspector arrived unannounced to the service and throughout the inspection. Staff were aware of the required ratios for the age range of children.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

- (1) A registered provider shall, in providing a pre-school service, ensure that-*
- (b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.*

Compliance Information

The following suitable care practices were observed on the day of the inspection.

- Children brought snacks/food from home. Alternative snacks were available if required. The service has a healthy eating policy which is shared with parents/guardians in advance of enrolment. Mealtimes were observed to be sociable with staff chatting amicably with the children.
- Bibs were used for the younger children during meals to help maintain their personal appearance.
- Children's own drinks were available within their reach throughout the session should they feel thirsty at any stage.
- Staff were observed to have respectful, warm and responsive interactions with the children using soft tones and positive non-verbal communication strategies such as being at the children's level.

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- Nappy changing and toileting were observed to be respectful and positive experiences for the children, and staff were observed to encourage the children to be independent in managing their personal care such as handwashing.
- The transitions between activities such as nappy changes, sleep time, mealtimes, free play and outdoor play were observed to be calm and relaxed with staff available to care for the individual needs of the children.
- Children's language development was supported through small group discussions, songs, and storytelling, which were observed during the inspection
- Staff were observed to be engaged with and sit with the children during play time and having positive interactions during play activities. They were responsive to the children and were observed to give them choices regarding their play activities.
- Children's need for sleep and rest was met through the provision of comfortable rest areas available.
- All children in each room were observed to enjoy outdoor play during the inspection. This supported their social, cognitive, and gross and fine motor development.

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 outdoor play area was appropriately securely fenced and gated and children who played outdoors were adequately supervised.
- Toys and equipment used by the children were observed to be well maintained and in a good state of repair.
- Cleaning agents were stored safely out of the reach to the children.
- Staff were aware to check children's snack boxes for choking hazards.

Infection Control:

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- Handwashing facilities for hand hygiene included thermostatically controlled water, soap and paper towels. Children were observed to be familiar with the routine of handwashing after bathroom visits, after outdoor play and before mealtimes.
- Foot pedal operated bins were available in the care rooms and sanitary areas to allow hygienic disposal of waste.
- Perishable food supplied by parents/guardians were observed to be stored in the fridge.
- Windows were opened to allow fresh air to circulate in the care room.
- The premises was observed to be in a clean and hygienic condition.

Safe Sleep:

- Heavy outer clothing was removed from the children before sleep time.
- Children under two years of age were provided with a cot for sleeping. Children over two years of age were provided with their own individual sleep mat.
- An ambient temperature of 18-22°C was maintained for sleeping children over one year of age.

Fire Safety:

- All fire exit doors were observed to be clear from obstructions making them easily accessible in the event of an emergency evacuation.

Non-Compliance Information

General Safety:

1. The entrance to the service was not appropriately secured when the inspection team arrived at the service. It is acknowledged that it had been left accidentally open by a staff member undertaking cleaning duty. It is acknowledged that another staff member present took immediate action and secured the door once the identified risk had been brought to the staff members attention. However, the entrance door to the service must remain secured at all times to ensure children are kept safe. This posed a potential risk of harm if an unauthorised person were to enter the service.
2. A trailing flex was observed to be hanging down and accessible to children in the walkway between the Montessori and the pre-Montessori room. This posed a risk of injury.

Administration of Medication:

3. See Statutory Notice section in relation to Improvement Notice IN 0302 served.
4. An over-the-counter medication was observed to be stored in a child's bag in an area that was accessible to children. This posed a risk of safety.

Safe Sleep:

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5. Staff were observed to carry out sleep checks and keep a written record of the children that slept, to include their colour, breathing and position every 10 minutes. However, the cot room was observed to be too dark for the staff member to carry out the appropriate sleep checks. It is important that the staff can see the child's skin colour, position and observe the child breathing during the ten-minute sleep checks. This posed a safe sleep risk.

Fire Safety:

6. The service did not ensure the following procedures were in place to support the safe evacuation of children and staff in the event of an emergency evacuation:
 - An up-to-date contemporaneous attendance log for children was not available in the Montessori room. Two of the six children present were not marked in attendance. This could cause confusion in regard to the number of children present in the event of an emergency evacuation.
 - The recommended space of 50cm between sleeping children was not maintained. A distance between 9cm to 11 cm was observed between four sleeping children. This could impede staff accessing the children in the event of an emergency evacuation.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The entrance gate/door was immediately secured and checked to ensure it was functioning correctly. The incident was discussed with all staff, and staff were reminded of their responsibility to ensure that all entrance and exit points always remain secure. The cleaning procedures were reviewed with the staff member involved to reinforce the importance of checking that the entrance is locked after access. A daily opening and closing security check has been introduced to ensure all entrance and exit points are secure. Staff have been instructed to check and confirm that the entrance door/gate is closed and locked immediately after use. Security checks will form part of routine health and safety monitoring and will be discussed at staff meetings. The Manager will carry out periodic checks to ensure procedures are being followed.
2. The trailing flex was immediately secured and repositioned out of children's reach, eliminating the risk of injury. A check of all rooms and walkways within the service was carried out to identify and address any similar hazards. Staff were reminded of their responsibility to ensure that electrical cords, cables and other potential hazards are safely always secured and inaccessible to children. The service has updated its daily health and safety checks to include inspection of walkways, electrical equipment and cables to

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ensure that any potential trip or injury hazards are identified and addressed promptly. Staff have been reminded to report and rectify hazards immediately when identified. Health and safety checks will be monitored by the Manager as part of ongoing risk management procedures.

Administration of Medication:

3. See Statutory Notice section in relation to Improvement Notice IN 0302 served.
4. The over-the-counter medication was removed from the child's bag and placed in the designated secure medication storage area, inaccessible to children. A check of all children's bags and storage areas was carried out to ensure no other medication was accessible to children. The medication storage procedure was reviewed with all staff and parents were reminded that any medication brought into the service must be handed directly to a staff member on arrival. Staff have been reminded to check with parents at drop-off whether any medication has been brought into the service and to ensure that all medication is immediately stored in the designated secure storage area. Medication storage procedures have been discussed at a staff meeting and incorporated into routine health and safety monitoring. The Manager will periodically review medication storage practices to ensure compliance and be sure the medication is in date.

Safe Sleep:

5. The lighting arrangements in the sleep room were reviewed and adjusted to ensure that staff can clearly observe each child's skin colour, breathing and sleeping position during sleep checks. Staff were reminded of the service's safe sleep procedures and the requirement that the sleep environment must provide sufficient visibility to carry out effective sleep checks while maintaining a restful environment for children. The Safe Sleep Policy and sleep room procedures have been reviewed with all staff to ensure that adequate lighting is maintained at all times when children are sleeping. Sleep room safety checks have been added to daily room checks to verify that visibility is sufficient for staff to accurately observe children's colour, breathing and position during the required ten-minute sleep checks. The Manager will monitor compliance through regular observations and supervision.

Fire Safety:

6.
 - The attendance record in the Montessori room was updated to accurately reflect all children present. All staff were reminded of the requirement to maintain a contemporaneous attendance record throughout the day and to update it immediately when children arrive or leave the room. Staff have been reminded of

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the emergency evacuation procedures and the importance of maintaining accurate attendance records at all times. Attendance registers will be checked regularly throughout the day by room staff and monitored by the Manager to ensure they accurately reflect the number of children present.

- The sleep room layout was also reviewed and adjusted immediately to ensure that the recommended minimum spacing of 50cm was maintained between sleeping children. This allows staff to safely access children and facilitates prompt evacuation in the event of an emergency. The spacing of cots and sleep mats will be checked before each sleep period as part of routine room safety checks.

These procedures will be monitored through regular room observations and discussed during staff meetings to ensure ongoing compliance.

Supporting documentation submitted

General Safety:

1. No supporting documentation submitted.
2. Photographic evidence of trailing flex secured.

Administration of Medication:

3. Photographic evidence of medication stored appropriately.

Safe Sleep:

5. Photographic evidence of appropriate room lighting to carry out checks for sleeping children.

Fire Safety:

6. Photographic evidence of beds with adequate space.

Summary Comment

The actions taken by the registered provider through the corrective and preventive action plan have addressed the non-compliances identified under Regulation 23.

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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

- (1) The registered provider ensured 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.

Non-Compliance Information

- (2)
- (a) The registered provider advised there had been one complaint received since the last inspection on 26 March 2025. A complaint logbook with this information recorded was not available for review by the inspection team.
 - (b) Information given to the inspector in relation to the one complaint showed that the complaint had not been dealt with in line with the service policy. The registered provider confirmed that the service had not followed all of the steps outlined in the policy and the complaint could not be resolved to the parent's satisfaction.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2)
- (a) The complaint received was documented in the service's Complaints Log, including the nature of the complaint, actions taken, outcome and date of resolution. The Complaints Policy was reviewed to ensure all complaints are recorded and maintained in accordance with regulatory requirements. A Complaints Log has been established and will be always maintained on the premises. The Registered Provider/Manager will ensure that all complaints, whether written or verbal, are recorded promptly,

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including the details of the complaint, actions taken and outcome. The Complaints Log will be reviewed periodically to ensure records are complete, up to date and available for inspection when required.

- (b) The revised Complaints Policy has been changed and implemented to ensure that all future complaints are managed consistently and in accordance with the service's procedures. A Complaint Record Form has been introduced to ensure that each stage of the process, including investigation, communication with parents, actions taken and outcomes, is documented. The Registered Provider will oversee all complaints received to ensure that each stage of the complaint's procedure is followed, documented and completed within the specified timeframes. The Manager will review all complaints received to ensure that policy procedures have been followed and records are completed appropriately.

Supporting documentation submitted

- (a) Documentary evidence of complaint policy and complaint Log.
- (b) Documentary evidence of complaint policy and complaint form

Summary Comment

The actions taken by the registered provider through the corrective and preventive action plan have addressed the non-compliances identified under Regulation 32.