

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier: TU2015FL305

Name of Service: The Kiddies Day Nursery and Montessori School

Address of Service: 8 Clonsilla Road, Blanchardstown, Dublin 15.

Eircode: D15 PW99

Name of Registered Provider: Brigid Lowe

Service type: Full Day, Part Time

Date of Inspection: 09/12/2025

No of pre-school children:	AM	19	PM	17

Address of the Early Years Inspectorate: Early Years Inspectorate,
Floor 7 Brunel Building,
Heuston South Quarter,
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Inspection undertaken by: E. Griffin and M. Bermingham

Title: Early Years Inspectors

Authority to Inspect

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

Conditions if applicable Not applicable.

Description of service

The Kiddies Day Nursery and Montessori School is a privately operated service located in a single-story building which has been adapted to suit the needs of the service in North Dublin. The service is registered to provide full day and part time care for up to 27 preschool children aged between 1 to 6 years old from 7:30 am to 6:15 pm Monday to Friday. The service participates in the Early Childhood Care and Education Programme (ECCE) and operates two morning sessions between 8:45 am to 11:45 am. The service is also registered to provide school aged care for up to 12 children aged between 4 to 10 years old from 1:30 pm to 6:15 pm Monday to Friday. The service is currently operating between the hours of 7:30 am to 6:00 pm for preschool children and 1:30pm to 6:00 pm for school aged children, Monday to Friday.

The service consists of four care rooms: the Toddler Room, the Playgroup room, the Jungle room and the Montessori room. The Montessori room is used to cater for the school aged children during the afternoon and the remaining preschool children from the Montessori room join the children in the other two care rooms. There is also an office/reception area, a kitchen and an enclosed outdoor play area to the rear of the building. There is access to staff and children's sanitary accommodation.

Staffing

The registered provider does not work in the service and employs seven adults to work in the service. This includes one person in charge, five childcare staff one of whom is employed under the access and inclusion model (AIM) and one auxiliary staff for cooking.

On the day of the inspection, the deputy person in charge, five childcare staff, one auxiliary staff for cooking were present. The registered provider was not 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 Health, Welfare and Development of Child (1) (a) and Regulation 23 Safeguarding Health, Safety and Welfare of Child.

As a result, the scope of the inspection included the Toddler room and the Jungle 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.

Additional Information

Two Immediate Action Notices (IAN) were issued to the registered provider, in relation to three identified safety risks. Immediate action was taken by the person in charge which mitigated these risks. Further details are available under Regulation 23.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the 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-

- (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
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.

(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

- (1)
- (a) The service had a designated person in charge and two named persons to deputise if required.
 - (b) A review of the roster showed that the named person in charge or the named deputised person in charge is rostered to be on the premises at all times during the service opening hours.
 - (c) There was a clear management structure in place, and staff reported being aware of this.
- (2) It was confirmed by the person in charge that two new adults had been employed since the last inspection on the 14 June 2023. The staff files of the two new adults were reviewed alongside Garda Vetting disclosures for five adults whose files had been reviewed on the last inspection.
- (a) There were two written and validated references available from past employers in relation to one new adult employed.
 - (b) There were two written references available from a source other than a past employer in relation to one new adult.
 - (c) Garda vetting disclosures had been obtained for the seven adults. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under regulation 23 of this report.
 - (d) Police vetting was available in relation to the two new adults who had lived outside of Ireland for a period of more than 6 months as an adult.
- (4) Evidence was available to show that the two new adults 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.

Non-Compliance Information

- (3) There was evidence that all the procedures specified above under 9(2) had not been carried out prior to the commencement of employment of two adults in the service. Evidenced by the following:
- Discussion with staff and documentary evidence available indicated that one adult had commenced employment within the service two weeks prior to receipt of Garda vetting disclosure.

- There was no evidence to determine if references from a source other than a past employer had been validated prior to the commencement of a second adult as the date of validation had been left blank on both forms.
- Although a Garda vetting disclosure was available for a staff member, there was no consideration of the disclosure such as a risk assessment undertaken by the service. Any disclosures should be assessed to determine any potential risk to the children.

The procedures specified under 9 (2) must be carried out in advance of commencement of any adults in the service. This posed a safeguarding risk.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(3) The management team are now familiar with Tusla guidance documents in relation to Garda Vetting and have updated the service Garda Vetting policy. A risk assessment was completed immediately in relation to a garda vetting disclosure. The references were validated immediately, and all documents have been filed. Management have developed a staff checklist with the required staff documents to prevent this from happening in the future. Management will carry out a risk assessment for any Garda vetting disclosure in advance of commencement of any employee who requires one.

Supporting documentation submitted

- Updated Garda Vetting Policy.
- Risk Assessment form used for garda vetting disclosure.
- Staff File check list.

Summary Comment

The inspectorate has reviewed the actions submitted. The non-compliance identified under Regulation 9(3) has been addressed and will be reviewed 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) There was an adequate number of adults working with the children. During the morning there were five adults caring for 19 children aged 1-6 years old. During the afternoon there were four adults caring for 17 children. In addition, the person in charge was available to provide support to the care rooms when required during the 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-

(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

Compliance Information

(1) (a) The following activities, interactions, materials and equipment was observed to support children's learning and development:

- Mealtimes were observed to be social occasions and children were given ample time to enjoy their meal. Staff explained that morning snack is brought from home and the service provides a hot meal at dinner time. The main meal on the day of inspection was pasta bolognese. There was an alternative vegetarian pasta dish available if required and extra portions were available.
- A water station was available in the care rooms to ensure the children had water for drinking.

- Child sized tables and chairs were available to the children, providing a comfortable area to eat snacks and take part in tabletop activities.
- Children were observed to have the freedom to move freely in their care room and independently choose their activities and play experiences.
- There was an adequate supply of toys and resources available to support a range of play experiences for the age and stage of development of the children. For example, in the Jungle room there was an art area with mark making materials available, a dress up role play area with supporting props, a transport area and books for reading and relaxation.
- A sense of identity was promoted throughout the care room. For example, there was a 'Family Wall' display, a 'Birthday Time' display, a 'Class Helper' display and the children's artwork was displayed on the wall of the care room.
- Staff discussed how they share information about the children's day through verbally at collection times and via an electronic communication application. Staff were observed to chat with parents at collection times. In addition, staff discussed how parents/guardians are welcome into the service.
- Staff discussed how they support children to transition from home by offering a settling-in period and parents are encouraged to share information about their child in advance to support the transition to the service.
- Staff comforted a child who was transitioning from home into the service when they appeared upset.
- An outdoor play area was available for the children with a soft artificial surface. Equipment and materials included an outdoor play kitchen with supporting props, ride on transport vehicles and a storage box with various toys for outdoor playtime.

Non-Compliance Information

1. The cosy area in the Jungle room was not appropriate for the age and developmental stage of the children in the room which made it difficult to access and unsafe for resting and relaxation use. The area consisted of soft topped bench with cushions on top which was observed to be of a height where children needed to climb up on to it and once seated their legs would dangle off it. The area was observed to be used by the children during the day and at one stage a child was lying down resting their body on it. Children need a cosy area which is easily accessible to them, and which provides a safe place for them to sit and rest as needed. A similar non-compliance had been observed in the previous inspection 14 June 2023. The preventative actions outlined by the registered provider had not been maintained.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. Management changed the cosy area in the Jungle room to reflect the children's development. The management team will look at the children's age and development when setting up areas of rest and revised Tusla inspection report to ensure that all non-compliances are addressed.

Supporting documentation submitted

- Photographic evidence of the cosy area.

Summary Comment

The inspectorate has reviewed the corrective and preventative actions and evidence submitted. The non-compliances 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 door was secure on arrival to the service and staff were observed to attend the door to allow access to visitors.
- The visitor book was maintained, and the inspection team were asked to sign in.
- The outdoor play area was securely walled and gated reducing the risk of children from exiting unsupervised and to restrict unauthorised persons from gaining access to the premises.
- Medication was observed to be stored safely out of the reach to the children.
- Toys and equipment used by the children were observed to be well maintained and in a good state of repair

Infection Control:

- The sanitary accommodation was equipped with warm running water, liquid soap, and hand drying facilities.
- The nappy changing mat was observed to be in good condition.
- Foot operated pedal bins were observed to be available for the appropriate disposal of waste in the care rooms and sanitary facilities.

- Cot mattresses were waterproof and in good condition. Individual bed linen was used for sleeping children.
- Windows were open to allow fresh circulation of air in the care rooms.

Administration of Medication:

- A child with a diagnosed medical condition which listed a prescribed medication had a written procedure in place for administration of medication. In addition, the medication was clearly labelled and was stored safely in its original box in a place that was inaccessible to the children.

Safe Sleep:

- Heavy outer clothing was removed from the children before sleep time.
- An ambient temperature of 18-22°C was maintained for sleeping children over one years of age.
- There was a staff member present at all times in the cot room and the toddler room while children aged between 1 to 3 years slept.

Fire Safety:

- The children's attendance book was monitored to ensure staff knew how many children were present in the care room. This ensured a safe evacuation of the children in the event of an emergency evacuation.

Non-Compliance Information

General Safety:

An immediate action notice was issued in relation to points 1, 2 and 3 on the day of the inspection. A response was received by the person in charge on 10 December 2025 which mitigated these risks.

1. The surface temperature of the radiator in the Jungle room was measured at 55.8°C at 10:59am. There were five children present, and this posed an immediate risk of scalding. The staff member in the room was informed and immediately turned down the temperature of the radiator mitigating the risk to children.
2. A sharp object was observed to be stored at a level accessible to children in an unlocked press in the kitchen area. The door to the kitchen was fully open and there was no adult present. The kitchen was positioned in a corridor where the children from the Jungle room and Montessori room accessed the children's sanitary area unsupervised. This posed a safety risk.
3. A cleaning agent was observed to be stored beside the toilet at a level accessible to children in the adult sanitary accommodation. The door to the adult sanitary accommodation was unlocked and left ajar throughout the inspection. The adult sanitary accommodation was positioned in a corridor where the

children from the Jungle room and Montessori room accessed the children's sanitary area unsupervised. This posed a safety risk.

4. Two of the five Garda vetting disclosures reviewed were not dated within the previous three years in adherence to the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'. This posed a safeguarding concern.
5. A blind cord in the Jungle room was observed to be unsecured. It is acknowledged this blind cord was not directly accessible to the children. However, this posed a potential risk of injury if the children were to climb on surrounding furniture and access the blind cord.
6. Flexes and cables were observed to be accessible to the children, evidenced as follows.
 - A cable from a mobile phone charger was observed to be left hanging on a low positioned plug in the corridor which the children used to access the sanitary accommodation unsupervised.
 - There was a flex observed to be hanging from under the radiator in the Jungle room which was at a level accessible to the five children present.
 - There was a flex observed to be hanging from a piece of equipment outside the kitchen room.

All the above posed a potential risk of strangulation.
7. The door handle between the toddler room and the cot room was observed to be loose and hanging down with the nail exposed. This posed a risk of injury. It is acknowledged the door was temporarily fixed by the person in charge during the inspection.
8. There was an exposed nail observed on a pipe covering on the route to the outdoor area. This posed a potential risk of injury.
9. There was a large stack of plastic storage boxes containing equipment observed to be stored on the route to the outdoor area. This posed a risk as they could topple on a preschool child.
10. There was a sharp wire observed to be exposed on the wooden gate into the outdoor play area. This posed a potential risk of injury.

Infection Control:

11. Perishable snacks such as yoghurts and cheese brought by the children from home for morning snack time were not stored in a fridge, this increases the risk of bacteria multiplying to levels which could result in food contamination.

12. Nappy changing was not observed to be in line with the HSPC guidelines and was at variance with the service infection control policy. A sample of four nappy changes were observed:

- The two staff members were observed to not put on an apron during the four nappy changes.
- One staff member was observed to open the foot pedal operated bin with their hands during one of the nappy changes.
- The four children did not have their hands washed following nappy changing. A similar non-compliance had been observed in the previous inspection 14 June 2023. The preventative actions outlined by the registered provider had not been maintained.
- One staff member did not wash their hands following one of the nappy changes.
- The nappy changing mat was not disinfected in between three nappy changes procedures.

Appropriate use of aprons, adequate hand washing and disinfection of the nappy changing area are required to prevent the spread of infection.

13. It was observed that a staff member did not ensure that a preschool child, who used the sanitary accommodation independently, wash their hands after toileting. The inspector informed the staff member who then encouraged the child to return to the sanitary accommodation to wash their hands. This posed a risk of cross infection.

14. A section of linoleum flooring in the Toddler cot room was torn exposing a section of concrete floor. This prevented adequate cleaning. A similar non-compliance had been observed in the previous inspection 14 June 2023. The preventative actions outlined by the registered provider had not been maintained.

Safe Sleep:

15. Children in the cot sleep room were not physically monitored while sleeping. It is acknowledged that a staff member was present in the cot room and documented recording of the breathing, position, and colour of each child in the sleep cot room. The staff member was observed to be positioned between two children on sleep mats and was observed to comfort a child who had difficulty to sleep. However, the staff member remained seated and did not physically check on the sleeping children every ten minutes. This posed a safe sleep risk.

16. The registered provider did not follow Tusla's "Guidance for the Early Learning and Care sector on sleep provision for children under 24 months". Evidenced by the following:

- In the cot sleep room, there were three children in cots and four children on sleep mats. Three of the four children on sleep mats were under two years of age and were not provided with a mattress with a minimum depth of 6cms to sleep on.

- An individual sleep plan was not available for the three children. Sleep plans should include an assessment of the individual child's sleep routines and sleep requirements, to be determined and agreed in collaboration with parents/guardians and consideration of the child's developmental readiness to move from a cot to a floor bed.
- A risk assessment was not available for the three children, a risk assessment with appropriate consideration of the risks to children under the age of two years sleeping on floor beds, and how these risks would be mitigated should be developed prior to children under two years of age are transitioned from a cot to sleep mat.

Fire Safety:

- The layout of the cot room did not support the safe effective evacuation of children and staff evidenced by the following:
 - A door which led to a fire escape route was obstructed by the positioning of two sleep mats with sleeping children making it difficult to safely evacuate the care room if required.
 - Sleep beds and cots were positioned less than 50cm apart which impeded a clear walkway through the cot sleep room.
- The corridor leading to an evacuation escape route was cluttered which impeded a safe evacuation of staff and children in the event of an emergency evacuation. Evidenced by the following:
 - There were cardboard boxes stored on the corridor outside the toddler care room leading to the kitchen area.
 - There were two folded chairs stacked on the wall outside the kitchen door beside the emergency exit to the outdoor play area.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

- The surface temperature of the radiator in the jungle room which was high on the day of inspection was reduced immediately, by a member of staff. The radiator was locked to prevent the temperature from being raised accidentally. Staff will check the temperature of the radiator twice per day and will record this on a room check form which is on the wall of each care room.
- The sharp object was removed immediately from the kitchen press and placed on a high shelf. There is a notice on the kitchen door to keep it closed. This door will remain closed when a member of staff is not present. Management have also added a stair gate to the doorway to prevent any access to the kitchen

while there is not staff member present. Checking for sharp objects has been added to the daily risk assessment form.

3. The cleaning agent was removed immediately from the area that could be accessible to children in the adult sanitary accommodation. The door is now kept closed and locked. There is also a notice on the toilet door to remind the staff to keep it locked, and the keys are placed out of reach of the children.
4. The two outdated Garda vetting disclosures have been applied for. One is completed and is in the staff file and one is still being processed. Management will prevent this non-compliance by checking the staff files at the beginning of the year to establish when the garda vetting is due. A note will be placed in the office diary as a reminder to apply for the Garda vetting in a timely fashion.
5. The blind cord was secured immediately. A new daily risk assessment checklist will be completed by management to include checking that blind cords are secure.
6. All dangling flexes and cables have been removed. The mobile phone is no longer charged in this area. The radiator flex has been positioned behind the radiator in the jungle room. The electric fly zapper, which was outside the kitchen has been removed and placed in the kitchen. The management team will carry out a daily risk assessment checklist which includes dangling flexes. The management team will share this responsibility to ensure full oversight of risks.
7. The door handle between the toddler room and the cot room has been repaired. This was on the service maintenance list and management will endeavour to complete all tasks on the maintenance list in a timely manner.
8. The nail observed on a pipe covering on the exit route to the outdoor area was removed immediately. This was completed immediately. The management team will carry out a daily risk assessment checklist which includes protruding objects. The management team will share this responsibility to ensure full oversight of risks.
9. The large stack of plastic storage boxes was removed immediately from the outdoor area. The management team will carry out a daily risk assessment checklist which includes stacked storage boxes. The management team will share this responsibility to ensure full oversight of risks.
10. The sharp wire on the wooden gate into the outdoor play area was removed immediately. The management team will share this responsibility to ensure full oversight of risks.

Infection Control:

11. All yogurts and snacks that contain dairy products are removed from the lunch boxes and placed in the fridge. To prevent this from happening again management have developed a checklist in each care room that advises staff to remove yogurts and dairy products to the fridge.
12. Nappy changing procedure as laid out in the infection control policy was reviewed by all staff during a staff meeting on Tuesday the 13th of January 2026. Management went through, step by step instructions as to how nappy changing should be completed. Management will do spot checks, every month to ensure that the staff are complying with the procedure. This will be documented. If a staff member shows that they are not completing the procedure correctly, they will be retrained.
13. Children will be reminded throughout the day to wash their hands after they use the toilet. Staff will monitor this. At circle time staff discussed with the children about self-care and hand washing.
14. This section of linoleum in the sleep room has been patched to cover the concrete floor this will help immediately with the cleaning process. The need for the replacement of this linoleum was noted on our maintenance form and was due to be replaced in March 2026. Management will share the Tusla guidance documents with relevant staff.

Safe Sleep:

15. Management went through physically checking sleeping children, safe sleep procedures and safe sleep policy with staff at meeting 13th January 2026. To prevent this non-compliance from occurring in the future management have compiled a daily risk assessment form for the sleep room. This form will be completed by a member of management before the children go to bed and will help to monitor, that the member of staff is checking the sleeping children during their nap time.
16. Management team have been updated on TUSLA's guidance for the early learning and care sector on sleep provision for children under 24 months. Children under 24 months will be provided with a mattress that has a minimum depth of 6 centimetres to sleep on. Individual sleep plans and risk assessments were completed by 23rd January 2026 for all children under 2 years of age that are using the new sleep mats.

Fire Safety:

17. The new layout of the sleep room now supports the safe effective evacuation of children and staff at the escape routes are not blocked. A new floor plan of the sleep room has been created which ensures that there is enough space around each cot and sleep mat.

18. All fire exit escape routes are now clear. A new daily risk assessment checklist which management will complete includes keeping all fire exist escape routes clear of obstruction. The management team will share this responsibility to ensure full oversight of risks.

Supporting documentation submitted

General Safety:

1. Photographic evidence of lock on radiator and radiator temperature room check form.
2. Photographic evidence of sign on the door, door closed, new stair gate and daily risk assessment form.
3. Photographic evidence of sign on the door, door closed and daily risk assessment form.
4. Documentary evidence of one staff member completed Garda Vetting and the updated Garda Vetting policy. Photographic evidence of the diary.
5. Photographic evidence of the blind cord secured and the new daily risk assessment form.
6. Photographic evidence of the corridor free from flexes and the new daily risk assessment form.
7. Photographic evidence of the door handles fixed and evidence of the maintenance repair list.
8. Photographic evidence of the nail removed and the new daily risk assessment form.
9. Photographic evidence of the storage boxes removed and the daily risk assessment form.
10. Photographic evidence of the sharp wire removed and the daily risk assessment form.

Infection Control:

11. Documentary evidence of updated Infection control policy and staff checklist.
12. Documentary evidence of updated infection control policy and staff meeting.
13. Documentary evidence of updated infection control policy and staff meeting.
14. Photographic evidence of linoleum section patched over and documentary evidence of the maintenance repair list.

Safe Sleep:

15. Documentary evidence of safe sleep risk assessment, safe sleep policy, safe sleep floor plan and staff meeting.
16. Documentary evidence of safe sleep risk documents, safe sleep policy and receipt of new sleep matts.

Fire Safety:

17. Documentary evidence of safe sleep floor plan, safe sleep check list and staff meeting.
18. Photographic evidence of fire escape routes clear of obstruction. Documentary evidence of daily risk assessment check list.

Summary Comment

The inspectorate has reviewed the actions submitted. The non-compliance identified under Regulation 23 points 1-3, 5-13, 15, 17 and 18 have been addressed. The non-compliance identified under points 4, 14 and 16 will remain outstanding as they have not yet been completed in full. Updated garda vetting should be submitted to the inspectorate once it is received while the other outstanding items will be reviewed on the next inspection.

Part VI - Safety

Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-
- (a) any fire drill that takes place in the premises, and
 - (b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.
- (2) The record referred to in paragraph (1) shall be open to inspection by-
- (c) an authorised person.
- (4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.

Compliance Information

- (1)
- (a) The registered provider ensured that a record of fire drills which were evidenced to occur monthly in the service was maintained. The record showed that the last fire drill took place on the 19 November 2025.
 - (b) (b)The registered provider-maintained records relating to the number, type and maintenance record of firefighting was last serviced in September 2025.The smoke alarms were last serviced on 19 August 2025.
- (2)
- (c) Records were open to inspection by an authorised person. All fire safety records requested by the inspection team were available for review.
- (4) Notices detailing the procedure to be followed in the event of a fire emergency were displayed on the wall in the care rooms and on the wall of the corridor outside the care rooms. The fire assembly point was positioned to the front of the building.

Part VI - Safety

Regulation 28 - Insurance

A registered provider shall ensure that the pre-school service is adequately insured.

Compliance Information

The service had adequate insurance for the number of children attending the service on a full day basis with an expiry date of 27 March 2026.

Part VIII - Notifications and Complaints

Regulation 32 – Complaints

- (1) *A registered provider shall ensure that the complaints policy of the service specifies-*
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,*
 - (b) the manner in which such a complaint shall be dealt with, and*
 - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.*
- (2) *A registered provider shall ensure that-*
- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and*
 - (b) the complaint is duly dealt with in accordance with the provider’s complaints policy.*
- (3) *A record in writing referred to in paragraph (2)(a) shall-*
- (b) be open to inspection on the premises by an authorised person.*

Compliance Information

(1) (a)(b)(c)

The registered provider ensured the following:

There was a complaints policy maintained which outlined the following:

- The procedures to be followed when making a complaint.
- The way complaints would be dealt with.
- The procedures for keeping the complainant informed on how the complaint is being dealt with.

(2)

(a) The person in charge explained there had been one complaint received since the previous inspection 14 June 2023. There was a written record of this complaint in the service’s complaint notebook.

(b) The person in charge showed evidence to the inspectors that the complaint received was being handled in line with the service policy.

(3)

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(b) A record of the one complaint received which was recorded in a complaint notebook was made available for review by the inspection team.