

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier: TU2018FL510

Name of Service: First Steps Academy Crèche & Montessori Ltd.

Address of Service: The Hermitage, Balgriffin, Dublin 13.

Eircode: D13 CXP7

Name of Registered Provider: Shirley Flannery

Service type: Full Day, Part Time, Sessional

Date of Inspection: 30/07/2025

No of pre-school children:	AM	41	PM	32
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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: C. Harte and L. Jameson

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

First Steps Academy Crèche & Montessori Ltd is located in a residential area on the ground floor of an apartment block in Dublin North. The service is one of three preschool services operated by the registered provider. The service operates from 8.00am to 6.00pm and provides a full day, part-time and sessional care for children aged 1 to 6 years old. The service participates in the Early Childhood and Education Scheme (ECE) and offers morning and afternoon sessions. There are six care rooms which consist of the Boo Boo Bears room, Teddy Bears room, Snuggle Bears room, Buddy Bears room, Polar Bears room and Cub Bears room. The Polar Bear room did not have children attending on the day of inspection but was used as sleep space. There are two separate cot rooms available, an office and a kitchen. There are sanitary facilities available for staff and children and an outdoor play area to the rear of the property.

Staffing

The registered provider employs 14 adults to work in the service. This includes the designated person in charge, deputy person in charge and 12 staff who work directly with the children.

The registered provider also employs a management team to work across the services including an operations manager and general manager. The general manager attended the service on the day of inspection.

There was a total of 14 adults present on the day of inspection including the general manager, designated person in charge, deputy person in charge and 11 staff employed to work directly with the children on a part time or full-time basis. The registered provider does not work directly with the children attending the service.

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 the following:

- Regulation 19 Health Welfare and Development of Child
- Regulation 23 Safeguarding Health, Safety and Welfare of Child

As a result, the scope of the inspection included Boo Boo Bears, Teddy Bears, Snuggle Bears and Buddy Bears.

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

This inspection was triggered as a result of information received to the inspectorate on the 11 July 2025.

Two Immediate Action Notices were issued to the registered provider on the day of the inspection under Regulation 23, in relation to non-compliances identified under Regulation 23. A response was received from the registered provider which mitigated the risk identified. See body of report for details.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the general manager, 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.

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

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

(b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and
(c) these Regulations.

Compliance Information

- (1)
- (a) The service had a designated person in charge and a named person to deputise if required.
 - (b) A review of the staff roster and discussion with management demonstrated that a designated person in charge was rostered to be on the premises the day of the inspection for the duration of the opening hours of the service. The person in charge was present in the service when the inspectors arrived.
 - (c) There was a clear management structure in place and staff were aware of their roles and responsibilities.
- (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. All new staff members work directly with the children. An existing staff member who works directly with the children whose file was not previously reviewed was reviewed as part of the inspection process. A total of six files were reviewed. A review of records maintained by Tusla demonstrated that Garda vetting disclosures were dated within three years for all existing staff.
- The registered provider had completed the following checks:
- (a) Seven written and validated references were available from past employers.
 - (b) Five written and validated references were available from a source other than a past employer.
 - (c) Garda vetting disclosures had been obtained for six persons. 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.
- (3) Evidence was available to show that the procedures required under (2) has been completed prior to the start date of all staff members.
- (4) Evidence was available to show that six 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 review of documentation and discussion with staff demonstrated the following:
- (a) Five new staff had been provided with and received training on policies and procedures in the service under schedule 5. This was in line with service policy that stated a signed record of the induction process

will be maintained. One new staff member was in the process of induction and service induction paperwork noted it would be completed within a specified time of commencing employment.

- (b) New staff had been provided with information on topics including behaviour management, health and safety, infection control and completed the Introduction to Children’s First programme.

Non-Compliance Information

(7) (a) Of the 7 staff from whom documentary evidence of support and supervision was requested there was no documentary evidence available for 2 staff members of support and supervision, or appraisal records who had been employed beyond a year. Staff require ongoing support and supervision to effectively follow service policy and procedure. This is not in line with service policy that advises management will have regular meetings with staff and that a written support and supervision record of those meetings will be recorded and signed by both parties. In addition, service policy advises appraisals are carried out including giving feedback of the work of the year and a record signed by both parties is kept.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Management complete support and supervision meetings for all staff members regularly and record every meeting. We have assigned for our creche managers to conduct these meetings and to print and file them to be left in their office, onsite for any future Tusla inspections as proof of same.

Supporting documentation submitted

- No additional documents submitted.

Summary Comment

The corrective and preventive actions taken by the registered provider are sufficient to address the non-compliance identified under Regulation 9.

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

The registered provider ensured the following:

- (1) On the day of inspection there were an adequate number of adults available to the children attending the service.
- There were 13 staff available to 41 children present on the morning of inspection.
 - There were 12 staff available to 32 children present on the afternoon of inspection.
- (2) The adult to child ratios were maintained correctly throughout the inspection. The person in charge was available in a supernumerary capacity and to support in the care rooms as required. The general manager arrived at the service at 11.11am to facilitate the inspection and support in the care rooms as required.

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.

(3) A registered provider shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of a pre-school child whilst attending the service.

Compliance Information

(1)(a)

- Management advised the service uses an external company for the hot main meals provided. Morning snack on the day of inspection was fruit and crackers, and the main meal was a vegetable pie and mash. Food was served to children promptly when it arrived in the care room and children were given ample time to have their meal. Children who did not like the main meal were provided with an alternative. The weekly menu was displayed.
- Children had access to drinks throughout the day on low level shelving and staff were observed to encourage the children to drink regularly.
- Staff prompted children to use the toilet and assisted as necessary. A staff member was observed to use a gentle tone when inviting children for nappy changing.
- A visual routine was displayed in the care rooms and staff confidently discussed the children's daily routine with the inspector. In the Teddy Bears room, the staff had list of activity ideas displayed and the staff advised how they plan collaboratively.
- An activity was prepared in the care room for children in the Buddy Bears room following their transition from outdoor play.
- Staff engaged in play and conversation with children in the outdoor area.
- A staff member was observed to warmly greet a child and parent who arrived supporting a successful transition into the service.

Non-Compliance Information

(1)(a)

1. The height of furniture was not suitable for the age ranges present in the Teddy Bears room. Children were observed with their feet not reaching the floor and the table at chest height. This reduced the comfort and ease for children to engage with tabletop activities and mealtimes.
2. The layout and limited availability of supporting resources in themed areas reduced children's opportunity to engage in extended play opportunities. This was evidenced by the following:
 - Dolls in the Boo Boo Bear room had no supporting resources such as clothes or prams to encourage play.
 - A shelving unit at the children's level in the Teddy Bear room had no resources.

- The washing machine in the Teddy Bears room had no supporting resources for play. Service policy advises children's play is encouraged with the presence of household items and real-life resources, this was not observed on the day of inspection.
- Books in the Teddy bear room library were observed torn and damaged which did not promote the use of the library area for early literacy.
- A heavy box containing large wooden blocks was stored on top of another toy which prevented ease of access in the Teddy bear room.

(1)(b)

3. A child was placed into a cot while wearing shoes and remained in their shoes during nap time. This did not support a comfortable experience for the child.

(3)

4. The approach used by an individual staff member during interactions with children was not observed to be child friendly or in line with service policy which could potentially led to unpleasant experiences for children. The following was observed:

- The staff member was observed to correct a child's behaviour while positioned behind them using a harsh tone and poking a child in the shoulder. Service policy advises staff will support positive behaviour using a calm tone of voice, getting down to the children's eye level, waiting and checking for the child's understanding. This practice was not observed at the time of this interaction.
- The staff member was observed to restrict a child from using their hands during mealtime and attempting to insist on the use of cutlery, putting the cutlery into the child's hand. This can limit the child's sensory experiences during important learning opportunities such as mealtimes. This is not in line with service policy that advises children are allowed to use their fingers to eat their food and help to feed themselves. It is acknowledged another staff member interjected to support the child.
- The staff member did not respond appropriately to a child's communication cues indicating frustration while the staff member tried to place a bib on. It is acknowledged another staff member interjected to support the child

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. Since the inspection, we have assured that all chairs are the lower height to ensure that shorter children can reach the floor. There are currently no children registered in this room, but we will have the correct height chairs for the next age group that will be in this room.
2. Additional resources were purchased, damaged resources were replaced and the heavy block box places in a safe, accessible storage area at children's level. Room Leaders will regularly review play areas to ensure resources are stocked, safe, and in good condition. Management will replace or repair damaged resources promptly. Staff have been trained on maintaining and rotating resources to encourage extended play.

(1)(b)

3. The child's cot sheet was washed following their sleep to ensure good hygiene practice. If a child becomes upset about removing shoes in the future, we will speak with the parents to inform them that Tusla require us to remove the shoes of a child before sleep time.

(3)

4. This non-compliance has been created as a complaint and escalated further. Since this has been brought to our attention we have spoken to every member of the team and retrained them in our policies and procedures and our mission statement. All members have also received retraining regarding child safeguarding.

Supporting documentation submitted

- Invoices

Summary Comment

The corrective and preventive actions taken by the registered provider are sufficient to address the non-compliances identified under Regulation 19.

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 when the inspectors arrived. Staff attended the door to allow access. This helps prevent unauthorised persons accessing the service.
- Resources for play were observed suitable for use.
- Fruit provided during snack time was appropriately sliced.
- Staff were observed to confirm the number of children present in the room when cover staff entered to assist with nappies.
- Visibility strips were present on full length windows and glass doors.

Infection Control:

- Tables were cleaned and disinfected following mealtimes.
- Children's suncreams were individually labelled.
- Foot pedal operated bins were present in the service to support infection control practices.
- Liquid soap and hand towels were hygienically dispensed.

Safe Sleep:

- A record was maintained where the colour, breathing and position of sleeping children was checked every 10 minutes.
- Cots were observed to be well maintained and suitable for use.

Fire Safety:

- Fire evacuation procedures were clearly displayed.

Non-Compliance Information

General Safety:

1. A child aged under 3 years old present in the service was observed wearing amber bead jewellery. This is in breach of the Early Years regulatory notice on Amber bead Teething Jewellery issued October 2024 which outlines the decision of the early year's inspectorate; Amber bead jewellery is prohibited for use in early years services for children under three years of age. This posed a significant safety risk, and an immediate action notice was issued, a response which mitigated the risk was received on 31 July 2025.

2. Windows of the Boo Boo Bears and Buddy Bears rooms were observed fully open and not restricted with the use of the safety latch. Both windows in the Boo Boo Bears and one window in Buddy Bears have a bench style windowsill easily accessible to children. The second window in the buddy bears room had furniture placed underneath making the open window accessible. This posed a potential risk of injury from children falling from the ground floor window onto the gravel and grates below.
3. Cleaning agents were observed accessible to children as they were stored in a low-level press with a broken safety latch which posed a potential risk of accidental poisoning. This non-compliance was observed on the previous inspection in February 2025. The preventive action has not been carried out in line with the information provided to the inspectorate following the last inspection.
4. A trailing flex from decorative lights was accessible to children in the Teddy bear room which posed a potential risk of injury. A similar non-compliance was observed on the previous inspections in February 2025 and August 2023. The preventive action has not been carried out in line with the information provided to the inspectorate following the last inspection.
5. Furniture was observed to be stored in hazardous positions, posing a risk of injury. Evidenced by the following:
 - As children played in the Snuggle bear room chairs were stacked in groups of six and eight.
 - Furniture including tables and chairs were observed stacked in the Polar Bear room while children were present in the room. Children were observed attempting to play with items stored on the stacked furniture.
 - A tall storage unit present in the hallway outside the Boo Boo bears room was not fixed to the wall.

A similar non-compliance was observed on the previous inspection in February 2025. The preventive action has not been carried out in line with the information provided to the inspectorate following the last inspection.
6. An ambient temperature of 18-22°C was not maintained in rooms where children over the age of one were playing which posed a potential risk to children safety. The following was observed:
 - Snuggle bears room was 24.7°C at 11.56am
 - Buddy Bears room was 24.6°C at 11.24am

Infection Control:

7. Perishable food such as yoghurt and sausages 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

illness in young children. This non-compliance was observed on the previous inspection in February 2025. The preventive action has not been carried out in line with the information provided to the inspectorate following the last inspection.

8. Children in the Snuggle Bear room were not supported to wash their hands before mealtime. This is not in line with HPSC guidelines.

Safe Sleep:

9. An ambient temperature of 18-22°C was not maintained in rooms where children over the age of one were sleeping which posed a potential risk to children safety. The following was observed during sleep times:
 - Snuggle Bears room was 25.8°C. Temperatures of this level can place an increased significant risk to children's safety to heat related illnesses. An immediate action notice was issued and a response which mitigated the risk was received on 31 July 2025.
 - Boo Boo Bears cot room was 23.8°C
 - Polar Bears room where children from Teddy Bears room slept was 24.3°C.
10. Sleep room temperature records were not completed for the Snuggle Bears room or cot room 2 on the day of inspection. A review of available records demonstrated that no sleep temperature record had been maintained for the Snuggle bears room since Wednesday 23 July. This is not in line with service policy that advises temperatures will be recorded regularly throughout sleep times. The practice and recording of temperatures help to provide a safe sleep environment for children.

Fire Safety:

11. Attendance records were not maintained in a timely manner which posed a potential risk of hindering safe evacuation from the premises in the event of an emergency. It could not be accurately established the number of children on the premises at this time. The following was evidenced by the following:
 - At 11.46am 3 children who were present in the Snuggle Bears room were not signed in.
 - At 10.44am 3 children who were present in the Buddy Bears room were not signed in.
 - At 11.43am a child who was due to go home at 12.00pm was observed already signed out of the roll book.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. All amber teething necklaces and similar items were removed from use within the service immediately. A written notice was issued to all parents on the 31st July informing that amber jewellery is prohibited due to safety concerns. The service jewellery policy was updated.
2. Windows are now all kept on the safety latch. Staff have been advised by management to ensure all window are kept on the safety latch.
3. Staff have been retrained to store this spray bottle in their top shelf only which is out of reach of all children.
4. Management have removed all wiring from all rooms that were within reach of children. All staff have been made aware that no wiring can be allowed in their rooms that is in reach of children. All high-level wiring has now been fixed with a clip to the wall to ensure that even if it were to release that it could not get into the hands of any child.
5. Staff received training and now know not to stack any furniture in any room.
6. New cooling fans were purchased and installed which reduced the temperature. Temperatures will be monitored.

Infection Control:

7. We have communicated to parents to advise them that we can no longer allow food to be brought to creche from home (outside of ECCE classes). We issued parents with advice on alternative non-perishable, healthy and nutritious foods suitable for a snack for ECCE classes only. Parents and staff have been reminded that food cannot be accepted from home (outside of ECCE lunchbox only).
8. All staff have been reminded that children must wash their hands before meals. Hand hygiene posters on display in each care room to remind staff that hand washing before meals/snacks is mandatory. Management will carry out monthly hygiene practice audits to confirm compliance. Hand hygiene is reinforced in staff induction and refresher training.

Safe Sleep:

9. Windows and doors were opened to improve air circulation the sleep room was temporarily not in until the temperature returned to a safe level. Children scheduled for sleep were moved to a cooler well-ventilated space under supervision. New cooling fans were purchased and installed.

10. Management reminded staff of the importance of recording sleep room temperatures. Temperature recording resumed immediately for sleep rooms. Management will conduct regular checks of sleep room records.

Fire Safety:

11. All staff were reminded that all attendance records must be recorded in real time when children arrive and leave. We conducted a fire drill to demonstrate the importance of accurate recording. Staff have been retrained on our Attendance Policy and the importance of accurate timekeeping. Attendance record checks have been added to our daily checklist.

Supporting documentation submitted

General Safety:

- Copy of communication shared with parents.
- Service jewellery policy.

Infection Control:

- Lunchbox guide

Safe Sleep:

- Copy of communication to Tusla following IAN.

Fire Safety:

- No additional documents submitted.

Summary Comment

The corrective and preventive actions taken by the registered provider are sufficient to address the non-compliances identified under Regulation 23.

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-
- (a) include the nature of the complaint and the manner in which the complaint was dealt with, and
 - (b) be open to inspection on the premises by an authorised person.

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) Was not reviewed as management reported there had been no complaints received to the service since the last inspection held on the 04 February 2025.
- (3) Was not reviewed as management reported there had been no complaints received to the service since the last inspection held on the 04 February 2025.