Early Years Inspectorate Regulatory Report
School Age Services

TUSLA Identifier:	TU2019DS008SA
Name of School Age Service:	Primary Pals
Name of Registered Provider:	Lorraine Reynolds, Antoinette Barry
Address of School Age Service:	Tymon Bawn Community Centre, Aylesbury, Tallaght, Dublin 24.
Eircode:	D24 K524

Dates of Inspection:	30 October 2025			
Number of school age children present during inspection:	**AM**	66	**PM**	52
Registration status:	Registered			
Conditions (if applicable):				

Address of the Early Years Inspectorate	Primary Care Centre, Castle Park, Arklow, Co Wicklow
Inspection undertaken by:	L O' Connor and R Duff
Title:	Early years inspectors

Authority to Inspect
Tusla's 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:	Primary Pals is located in Aylesbury, Tallaght, Dublin 24. The service operates from Tymon Bawn Community Centre which is a multi-use building. The service is registered to cater for up to 70 children aged 4 to 12 years old. During term time, the service operates from 7.30am to 9.05am 1pm to 6pm Monday to Friday. Outside term time, the service operates from 7.30am – 6pm. The service operates from the grounds of Glor Na Mara National School. The children have access to two care rooms on the first floor of the building: the main room and the homework room. And the children have use of an indoor hall on the ground floor. The children also have access to an outdoor area which was located on the premises. The registered providers operate a second school age service in Dublin 24.
Staffing:	There are seventeen adults employed within the service, including the two registered providers. The registered providers do not work directly with the children. On the day of inspection, there were eight adults present in the service. One of the registered providers arrived at the service shortly after the commencement of the inspection.
Additional Information:	The inspectors conducted a triggered inspection of the service following the receipt of information to the inspectorate. An Immediate Action Notice was issued to the registered provider on 30 October 2025 due to potential immediate risks identified to children's health and safety. Please refer to Regulation 8: Vetting disclosure(1)(c) and Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013. A response was received from the registered provider on 30 and 31 October 2025.

	The service was operating outside their registration status. A referral was made to Service's Operating Outside of Registration (SOORs) team within the early year's inspectorate. Please refer to Regulation 7; Notification of change in circumstances (1) for further information.

Legislation

Tusla's Early Years Inspectorate is the independent statutory regulator of School Age Services in Ireland, and its role is to promote and monitor the safety and quality of school age care provision in accordance with the following legislation:

- The Child and Family Agency Act 2013, Part 12.
- Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022.
- The Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018).

A school age service means any early years service, play group, day nursery, crèche, day-care or other similar service which:

a) caters for children under the age of 15 years enrolled in a school providing primary or post-primary education,
b) provides a range of activities that are developmental, educational and recreational in manner, which take place outside of school hours, the primary purpose of which is to care for children where their parents are unavailable, and
c) the basis for access to which is made publicly known to the parents and guardians of the children referred to in point (a) above.

It is the responsibility of a registered provider to ensure the safety and well-being of school age children and the above legislation authorises Tusla to assess compliance with the Regulations.

Inspection Methodology:

The inspection is unannounced to assess compliance with the Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018), Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022, and the Child Care Act 1991, Section 58 as amended by Part 12 of the Child and Family Agency Act, 2013.

The findings on inspection are gathered through a triangulation method, including:

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

This inspection aims to determine the extent to which service is appropriate for the care, safety, and wellbeing of children in accordance with the regulations cited above.

Inspection findings are documented in the School Age Services 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 corrected the non-compliance and how they will prevent them 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 CAPA 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.

Acknowledgements:

The inspectors wish to acknowledge the co-operation of the children, person in charge, staff and registered provider who were present within the service on the day of inspection.

Summary of Findings:

On inspection, the registered provider was found to be compliant in relation to the following:

- Regulation 8(1)(d)(2): Vetting disclosures;
- Regulation 9(2)(4): Staffing levels;
- Regulation 12: Insurance.

The registered provider was found to be non-compliant under;

- Regulation 7; Notification of change in circumstances(1);
- Regulation 8(1)(a)(b)(c)(2): Vetting disclosures;
- Regulation 9(1)(4): Staffing levels;
- Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

Conclusion and follow up actions:

The registered providers submitted corrective and preventive actions to outline the measures which were implemented following this inspection. Based on these assurances, it is deemed that the regulatory requirement has been met and the actions will be reviewed on the next inspection.

Regulation 7; Notification of change in circumstances
(1) *A registered provider of a school age service shall, subject to paragraph (2), notify the Agency in writing of any proposed change in the details in relation to the school age service contained in the register pursuant to section 58C(2) of the Act or Regulation 6(2) or 6(3) at least 60 days before it is proposed that the change would take effect.*
Regulatory Requirement not met
The service was operating outside their registration status and did not notify the inspectorate of an increase to the numbers of children in attendance. The inspectors sampled the records of attendance and the following was number of children attended any one time; • 99 children were in attendance on 24 September 2025, • 98 children were in attendance on 09 October 2025.
Corrective & Preventive Action Response submitted by the Registered Provider
The registered provider submitted a change in circumstances form and have received emails to conclude this matter. The registered providers stated that they will a check on numbers each June at the end of school term to allow for number changes to be done 60 days in advance of each new September term.
Summary of Findings
The regulatory requirement has been met for Regulation 7; Notification of change in circumstances.

Regulation 8: Vetting disclosures

(1) A registered provider of a school age service other than a childminding service 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 Síochana 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.

(2) The procedures specified in paragraph 1 shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the school age service.

Regulatory Requirement Met

(1)

Documentation relating to sixteen staff files was reviewed and the following was in place;

(a)(b) Two validated references from a previous employer or from another source were available for nine adults.

(c) The required Garda vetting disclosures were available for sixteen staff members. 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 Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

(d) The registered provider had determined that Police vetting was not required for the staff members within the service.

Regulatory Requirement not met

(1) The registered providers did not take all reasonable measures to safeguard the health, safety and welfare of children attending the service. From a review of the sixteen staff files, the following files were not available;

(a)(b) Two adults did not have a second validated reference and evidence of validation was not available for four references.

(c) An Immediate Action Notice was issued to the service as one adult within the service did not have a Garda Vetting disclosure in place. 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 Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

(2) It was demonstrated that the required documentation was not in place prior to all staff being appointed, assigned or allowed access to or contact with a child attending the school age service. The procedures as required for the consideration of references and Garda vetting was not carried out prior to being appointed, assigned or allowed access to or contact with children.

Corrective & Preventive Action Response submitted by the Registered Provider

(1)

(a)(b) The references were obtained and verified. All new staff will not to start work until references are on file and verified. The registered providers submitted the validated references.

(c) All staff files are up to date with vetting. The registered provider will carry out a yearly check each June to ensure no vetting goes out of date. The service will add a cover sheet in staff files which will include the date the vetting expires. Yearly checks will be done each august to ensure vetting in date. A cover sheet is now in place in staff files to have when date expires and a date written two months before to allow for re-vetting. The registered providers submitted the Garda Vetting disclosure for one staff member.

(2) The registered providers outlined that they would follow the correct procedures and ensure all staff are vetted and references are checked before commencing contact with children.

Summary of Findings

The regulatory requirement for Regulation 8: Vetting disclosure has been met and it will be reviewed on the next inspection.

Regulation 9: Staffing levels

(1) Subject to this Regulation, a registered provider of a school age service other than a childminding service shall ensure that there is at all times an adequate number of competent and suitable adults on the premises while the service is operating.

(2) Without prejudice to paragraph (1), a registered provider of a school age service other than a childminding service shall ensure that there is a minimum ratio of 1 adult to 12 children at all times while the service is operating.

(4) A registered provider of a school age service shall ensure that the school age children attending the service are appropriately supervised at all times.

Regulatory Requirement Met

(2)

The adult to child ratio was maintained throughout the inspection. During the morning, there were eight adults present with sixty-six school age children.

Regulatory Requirement not met

(1)

On the day of inspection, the registered provider did not ensure that there was an adequate number of competent and suitable adults caring for the children. The registered provider had not taken action to ensure the adults involved in the service were familiar with required procedures. This included safety measures within the premises, procedures to be followed in the event that a child may require emergency medication, supervision strategies, and maintenance of the service's records. This posed an increased risk to a child safety in the event of an emergency, as the adults may not be aware of the procedures to follow.

(4)

The measures which were in place did not ensure that the children were adequately supervised while in attendance of the service. There were three care rooms in place, the indoor hall on the ground floor, and two rooms which were on the first floor; the main room and the homework room. The staff members, person in charge and the registered provider explained to the inspectors that the children were provided with choice in the room which they chose to go to throughout the day. They explained that a staff member would bring the child and/or children to a different room on the child's request. The children moved frequently from room to room depending on activities offered. During the inspection, the following was observed;

1. Measures to ensure that the whereabouts of individual children were known at all times were not in place. Records or measures to monitor individual children's whereabouts within the service were not in place. For example, children were overheard to request to staff members to move to another room. Staff did not consistently communicate with other staff members on leaving the room or with staff members when bringing a child and/or children into another group. This posed an increased risk that a child may be unaccounted for.

2. Effective supervision strategies, to include regular headcounts, were not in place while children were moving from and/or into another group. On several occasions, the staff members were uncertain of how many children were with them when they were moving children and/or when children joined their group. For example,
    a. In the homework room at 1.20pm, three children arrived at the room. In discussion, the staff member did not know many children were in the group. At this time, there was 17 children present.

    b. On arrival to the indoor hall at 1.35pm, the inspector asked a staff member how many children they had just brought from the first floor to the indoor hall. The staff member responded and stated that they did not know but that there was four children left upstairs.

    This practice posed an increased risk that in the event of an emergency evacuation that a child may be unaccounted for.

3. The children and staff members were observed to use two sets of stairs leading to and from the ground floor and the first floor throughout the day. Through discussion and observations, staff members missed each other on a number of occasions causing confusion about children and staff location in the building. This posed an increased risk of that a child may be unaccounted for.

Corrective & Preventive Action Response submitted by the Registered Provider

(1)

Staff have been updated and retrained on emergency medication, supervision strategies and maintenance of service records. Monthly staff meetings will take place and include any changes or updates on current and new children attending with emergency medication. Staff induction to take place and it will be more thorough on the above headings. The registered providers submitted a photograph of a staff meeting agenda.

(4)

1. While keeping our aims of children's choice of movement and noting the risk this involves the service have changed the movement procedures. Children will move at allocated times in larger allocated groups. Children request when they wish to move however, they have gotten used to less moves and in larger groups and to wait. Moves take place every 30-40 minutes depending on activity, homework and meal completion. The rooms have been capped at a maximum depending on the room this allows for not just ratios but numbers and whereabouts of all children at all times to be known noted and supervised. There will be only one group of children are moved at one time. The manager does a head count during each session and verifies attendance record. Discussions will take place on supervision strategies in staff meeting in January and ongoing meetings each month.

2. Regular headcounts will be taken when children move and this will be communicated over walkie talkies and noted on the room roll books. Headcounts will be carried out before and after the move to ensure its clear and communicated. Children request when they wish to move however, they have gotten used to less moves and in larger groups and to wait. Moves take place every 30-40 minutes depending on activity, homework and meal completion The

manager does a head count during each session and verifies attendance record. Discussions to take place on supervision strategies in staff meeting in January and ongoing meetings each month.

3. Regarding the stairs and/or use of both stairs- the measures in place are that only one group moves at a time with regular checks of doors while the move takes place to limit the movement. The service is still using both stairs are its beneficial to us. The manager checking it weekly to assess risks, they will note any risks and correct them. Only one group will move at one time. Weekly communication with staff members will take place each Friday to maintain regular monitoring by the manager monthly feedback to the registered providers to reduce the likelihood of this non-compliance re-occurring.

Summary of Findings

Based on the implementation of the actions submitted, it is deemed that the registered providers have met the regulatory requirement. This regulation will be reviewed on the next inspection.

Regulation 12: Insurance

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

Regulatory Requirement met

The service was insured for 122 children to attend at any one time. The policy was dated from 28 March 2025 to 27 March 2026.

Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013
It shall be the duty of every person providing an early years service to take all reasonable measures to safeguard the health, safety and welfare of children attending the service and to comply with regulations made by the Minister under this Part.
Regulatory Requirement Not Met

1. An Immediate Action Notice was issued to the registered provider on 30 October 2025 as it was deemed there was a potential immediate risk to the safety of children who required emergency medication. A response was received from the registered providers on the 30 and 31 October 2025. The following was observed on inspection;

   a. The registered providers identified 17 children who attended the service had a diagnosed medical condition and required emergency medication. Through discussion, it emerged that two more children attending the service also required emergency medication. The required medication was not available or accessible within the service for all of the children who were present on the day. This posed an immediate risk to the health of a child, as emergency medicine was not available should it be required. This also posed an increased risk to the children as staff members may not be aware that emergency medication was required in the event of an emergency.

   b. Information to include, an individual care plan, was not available for 19 children. This posed an immediate increased risk that a child may not receive the required medical treatment in the event of an emergency. This was of variance with the service's administration of medication policy which stated that, upon enrolment, a care plan would be developed with the child's parent and the service.

   c. Effective procedures were not in place to ensure that the children with a diagnosed medical condition did not come into contact with a known allergen. In discussion with staff members and the person in charge, it was confirmed that while the service operate a

nut free zone, measures were not in place to monitor the food brought into the service. In discussion with staff members and the person in charge, it was outlined that during the Halloween camp, children brought a snack from home. During the inspection, the bags of 60 children containing their snack was at the wall in the indoor hall. Children were observed to eat food from their lunchboxes intermittently throughout the inspection with no oversight by the staff members present. This was at variance with the service's own administration of medication policy which stated that controls were put into place to reduce the likelihood that the child would come into contact with the allergen. This practice posed an increased risk to a child, as they may be exposed to the known allergen and require emergency medication and/or treatment.

d. The location where children's emergency medication was stored was unclear to staff members. Staff members described to the inspector that they would go to the box in the kitchen area to retrieve the emergency medication. On request of the inspector, a staff member confirmed with a child, who was present and requiring emergency medication, that the medication was in their bag in the indoor hall. As this medication was accessible for other children and the inspector requested the staff member to put this out of reach of the children. This posed an increased risk to the health of a child, as the location of their required medication was not known to the staff members. It posed a safety risk to other children who potentially could have accessed the prescribed medication.

e. The service did not practice their own administration of medication policy as the container which was identified to store emergency and anti-febrile medication was accessible to the children. The open container was stored at a low level in the kitchenette in the main room. Children were observed to access this area throughout the inspection. The service's policy outlined that medication was not accessible for children. This increased the likelihood that a child that a child could potentially access the prescribed medication, posing a risk to children's safety.

f. Children's emergency medication was not labelled with the child's name. It is noted that one auto-injector was available within the service and labelled with a child's name.

However, within the designated medication box, there were two asthma inhalers with no names on them. In discussion, the staff members did not know who this emergency medication belonged to. This posed a risk in the event of an emergency as a child may not have access to their emergency medication.

g. The registered providers did not ensure that effective measures were in place to provide staff members with the information required to safely care for the children who required emergency medication. This posed an increased risk to the child in the event of an emergency as they may not receive the emergency medication and/or treatment as required. The following was noted;

   i. In discussion, four staff members were not aware a child who was present within their group at the time required emergency medication.
   ii. Staff members explained that they were not aware of the possible symptoms individual children may display should they require emergency medication.
   iii. In discussion, staff members were not aware of the required procedures to follow should the child require emergency medication. Staff explained to the inspector that they would not be comfortable to administer an auto-injector.

A response was received from the registered providers on 30 and 31 October 2025.

2. The registered providers identified that there were 7 children attending the service who had a diagnosed medical condition, without the requirement for emergency medication. Information on their medical needs or care was not available and/or known to staff members. This posed a risk to the child's health, as the information was unknown in the event that the child may require medical treatment.

3. An Immediate Action Notice was issued to the registered providers on 30 October 2025 as a potential immediate risk to the children's safety was identified. Effective measures were not taken by the registered provider to ensure that the service was appropriately secured to mitigate the risk of unauthorised access to the service and/or exit from the service.

a. On arrival, the inspectors gained access to the service as the entrance doors were not secured. The main door to the multi-use building was unlocked, and the door to the indoor hall, where a group of 46 children were present, was unlocked and accessible. A response to the Immediate Action Notice was received from the registered provider on 30 and 31 October 2025.

b. The internal doors on the first floor were not appropriately secured at all times. It is noted that the door into the main room was secured using a key code system. On the landing which adjoined the main room and homework room, there was stairs which led to an emergency exit and/or unlocked entrance door. The following was noted;

- The second door within the main room, which lead to a set of stairs, was unlocked.
- The door into the gym/homework room also leading to a set of stairs was not secured at all times.

This posed a risk of children leaving unattended or an unauthorised person entering the service.

4. An Immediate Action Notice was issued to the registered provider on 30 October 2025 as a potential immediate risk to the safety of the children was identified. The measures which were in place were not effective to ensure that the number of children present within the service and/or in the indoor hall was known at all times. The following was observed;

a. At 11.15am, the number of children present in the indoor hall was not known to the staff member present. The inspectors carried out a headcount and 46 children aged 5 to 12 years were present with three staff members within the indoor hall.

On a review of the attendance records at this time, there were 48 children recorded as being present within the service. Through the full-service head count carried out by the inspectors, there were 67 children present within the service. The person in charge was requested to update the records.

b. At 1.40pm, the four staff members present within the indoor hall did not know how many children were present. Staff members responded with varying numbers between 39 to 'maybe 42' children. On request of the inspector, a head count was carried out, there were 48 children aged 5 to 12 years present.

At 1.40pm, 60 children were marked into the attendance records. However, there were 52 children present at this time. The person in charge was requested to update the records.

This practice posed a risk it increased the risk that a child may be unaccounted for and their whereabouts may be unknown.

A response was received from the registered providers on 30 and 31 October 2025.

5. The measures in place within the service for obtaining and/or reviewing key information relating to children was not effective. From a sample of 11 enrolment forms for children, the following was noted;
    i. Details of the adults authorised to collect a child from the service were not obtained for the 11 children.
    ii. Details of a GP were not in place for the 11 children.

This posed a risk as the registered provider did not obtain all information which was relevant to ensure that reasonable measures were in place to safeguard children.

6. Measures to ensure that staff members were aware of persons with key roles and responsibilities within the service were not in place. On arrival to the service, the two named adults with key responsibilities were not on the premises and a deputy person was not assigned in their absence. In discussion with a staff member, it was apparent that the person with key responsibilities within the service at that time was not known. This posed a risk in the event of an emergency, as the procedures to follow may not be known to staff members.

7. 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 for three staff members working in the service.

8. The practices in place regarding food provision, to include hot food, during camp time was unclear and at variance of the service's healthy eating policy. In discussion with staff members and the registered provider, it was outlined that children bring food from home and that the service also provide a hot meal in the main care room between 1pm to 2pm. In discussion with one of the inspectors, a staff member outlined that the children were provided with hot foods which included noodles and toasted sandwiches. On the day, children were provided with a choice of a wrap with ham and cheese, and hot dogs. At lunch time, while in the main care room, a child informed one of the inspectors that they asked three times for staff members to add hot water to their noodles which they brought from home. However, the staff members had declined. The child proceeded to eat the dry noodles and share them dry with two other children. The staff member present observed the children eating them and did not provide hot water or an alternative for the child. This practice was at variance of the service's policy which outlined that mealtimes are respectful of a child's choice.

Corrective & Preventive Action Response submitted by the Registered Provider

1. The registered providers provided a response to the Immediate Action Notice on 31 October, 3 and 4 of November 2025. A response was also received through the CAPA process. The following was submitted by the registered providers to outline the measures which were put into place to address the immediate risk which was identified;

A & b The registered providers went through all children files and updated the files and medication needs of all children. The registered providers contacted all parents and developed care plans for any children needing medication. There is an updated list of children requiring emergency medication. All medication which is needed, is present daily in service, in the child's bag out of reach. The registered providers updated the application form and service's administration of medication policy. A new section was added to the application form to assess care plans from the start date of each child. This will be

reviewed each August or if changes happen in between.

A staff meeting took place on the 05 November 2025 to update staff on new care plans. This provided clear communication and confidence in knowledge to the staff working with the children. On opening each morning and evening, staff are aware of known allergens and needs for each child present that day. Monthly staff meetings will include any updates on emergency medication and staff given ample time to discuss.

c. Food is not permitted in hall during school term or out of term. This was reminded to staff at staff meeting on the 05 November 2025. The service put displays on both doors to main room regarding the allergens. The main room is the only place which eating is allowed. The service supplies lunches during school terms and will monitor food given to children during that time.

A key worker of 1:10 ratio applies now to have staff monitor and check food from home to monitor lunches brought in from home during the 14 weeks of out of term camp The parents of camp children are informed before camp starts of known food allergens. The registered providers developed a policy for camp food from home on the 14 weeks of camp. Planned staff meetings prior to camp time will take place the Friday before each camp to revisit roles/ responsibilities regarding food for camp. The registered providers and manager have oversight on the first week of camp to ensure that the measures in place are effective and/or implemented on the food camp policy.

D & e Anti febrile medication has been moved from kitchenette and now is kept in office out of reach. The first aid officer checks weekly on anti- febrile medication as part of weekly first aid checks. Emergency medication is now stored in child's bag, which moves with them as they move within the service. It is always stored high out of reach and kept in clear bag with copy of their care plan and staff check daily to ensure that all medication is with the child.

f. Children's medication is clearly labelled with their name. The medication is labelled when it arrives to the service which the Manager is responsible for carrying out.

g. A staff meeting immediately took place on 05 November 2025 and staff were retrained on care plans, emergency medication epi pens administration and provided with a first aid course. Going forward, the staff induction will include allergies, care plans, epi pen training and emergency medication administering. This will ensure staff members are aware of the signs, symptoms and plan of action. New staff members upon induction are informed of their responsibilities for children who may require emergency medication. They sign off that they have read our administration of medication policy and also sign off the updated policy regarding food provision at camp times.

The registered providers submitted supporting documentation to include a photograph of a box for the storage of emergency medication and an updated enrolment form. A copy of care plans for children who require emergency medication and a display regarding foods which are not permitted due to allergens. Photograph of emergency medication labelled with the child's name and an updated list of children who have a medical diagnosis and/or require emergency medication. A copy of the service's medication management policy, food camp policy and staff induction policy. A copy of a staff meeting agenda.

2. Parents were contacted and any care plans needed have been updated on same template to ensure consistency and clarity. The registered provider made alterations to the application form to ensure a more thorough care plan. The service will be liaising with parents to ensure clarity and consistency. Care plans are reviewed each August. Children who no longer need medication reviewed then too. Children with medical conditions, not needing medication, are also reviewed then before new term starts. This will reduce the likelihood of the reoccurrence of this non-compliance. If we receive any updated information before then the service will update as required. All lists updated and communicatee with staff each August by registered providers and manager.

A copy of care plans for children who have a diagnosed medical condition and an updated list of children who have a medical diagnosis. A copy of the service's medication management policy, food camp policy and staff induction policy. A copy of a staff meeting agenda was also submitted.

3. The registered providers provided a response to the Immediate Action Notice on 31 October, 3 and 4 of November 2025. A response was also received through the CAPA process. The following was submitted by the registered providers to outline the measures which were put into place to address the immediate risk which was identified;
    a. The registered provider have stressed again to the centre management the importance of the main door being locked can confirm that all services and reception staff have been advised to monitor it closely and ensure it remains locked. Staff regularly check this door on entry/exit and before any groups move rooms. The registered providers have been communicating with centre management about the door to hall mechanism and will have an update on the mechanism proposed by the Fire Officer. Checks are done multiple times daily by our staff and centre staff over viewed by centre and primary pal's managers to ensure main door is locked.

    b. A visit took place with centre management and the local fire officer. There are discussions of a possible key code system and door release to be put in place for access to the hall and exit.

    The doors into main rooms and homework/gym are always closed and a code needed to enter. The door between the communal area and toilet area is now always closed. This limits access in that area and also reduces risks of children exiting into communal area.

Supporting documentation was submitted to demonstrate that the registered providers were engaged with the building management and local authority regarding the front door. A photograph of new entry system which was fitted to the hall. Photograph of a display

on the entrance door to 'keep door locked'. A copy of a staff meeting agenda was also submitted.

4. The registered providers provided a response to the Immediate Action Notice on 31 October, 3 and 4 of November 2025. A response was also received through the CAPA process. The following was submitted by the registered providers to outline the measures which were put into place to address the immediate risk which was identified;

   Room roll books have been put in place. And only one group of children are moved at any one time. The staff members communicate through walkie talkies. They count children as they leave and enter. There are constant head counts carried out and the number which is in each area is capped with a maximum number of children and adults which helps this run smoothly.

   The registered providers will communicate with new staff regarding their roles and/or responsibilities at interview stage and induction. This is also discussed at ongoing team meetings, re-reading of the service's policies and training. The staff meetings agenda is discussed with registered providers and manager and deputy manager. The meeting is delivered by manager and deputy and information and feedback given to registered providers at their monthly meeting.

   The registered providers will ensure that actions submitted are monitored and effectively implemented. Weekly random checks are carried out. The roles and responsibilities are being refreshed and discussed with staff in January's meeting. The registered providers will discuss this with all staff and managers together.

   Supporting documentation to include a copy of a staff meeting agenda was submitted.

5. The service amended and added to their application form so more information is required and collected. This includes authorisation of adults to collect children from afterschool and GP details. Application forms will be updated yearly in August before the term starts again and/or as changes occur in between. The registered providers submitted a copy of an updated enrolment form, which included these details.

6. Key worker roles and responsibilities are clearly stated and a chain of command is in place which is checked daily depending on staff present on each day. Manager and deputy are delegating roles in the absence of the key worker not present. This will be continued to be communicated with staff members. The names of the staff members with the roles have been discussed at team meetings. Supporting documentation was submitted which identifies persons with key responsibilities within the service. The registered providers submitted the service's induction policy and a copy of a staff meeting agenda.

7. Vetting is updated and in place. Yearly checks done each August to ensure vetting in date front cover sheet in place in staff files to have when date expires and a date written two months before to allow for re-vetting. The updated Garda Vetting was submitted to the inspectorate.

8. Children's choice is respected at all times. Staff have been reminded of this and the importance of it. If a child brings food to camp or afterschool from home and wishes to have it in afterschool where possible staff will meet that need if allergens are considered and it can only be for that child that brought it in parents are sent food camp policy to ensure no allergens brought in from home. Staff 1:10 ratio are checking and monitoring children's food brought from home. Eating only allowed in main room to reduce risk of child unsupervised eating elsewhere. The procedures to follow where a child brings their own food has been discussed with staff members at December's staff meeting. Foods prohibited to be brought to the service are sesame and nut containing because of allergies. This has been communicated with the with staff and parents and a sign is on show. The registered provider submitted an agenda for a staff meeting and display on a door which stated that children's choice of food is respected.

Summary of Findings

The registered providers submitted actions to outline the measures put into place to correct and mitigate the risks identified during the inspection. Actions were also submitted to outline the measures implemented to reduce the likelihood of the reoccurrence of these findings. Based on the implementation of these actions, the requirement has been met for Section 58(G) of the Child Care Act 1991 as amended and it will be reviewed on the next inspection.