Early Years Inspectorate Regulatory Report
School Age Services

02

TUSLA Identifier:	TU2019WX006SA
Name of School Age Service:	Wise Owls Afterschool
Name of Registered Provider:	Amanda Dunne
Address of School Age Service:	Marshalstown Community Centre, Marshalstown, Enniscorthy, Wexford.
Eircode:	Y21 HH33

Date of Inspection:	02 December 2025			
Number of school age children present during inspection:	**AM**	n/a	**PM**	44
Registration status:	Registered for school age care			
Conditions (if applicable):	Not applicable			

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

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:	Wise Owls is one of seven school aged services registered to the provider. It is based on the grounds of the Marshalstown Community Centre. The school age service has the use of the first floor which consists of a care room with an adjoining room and two indoor halls which are on the ground floor. The service operates during term time only and is registered to operate from 8am to 8:50am and 1:40pm to 6pm.

Staffing:	There are 8 adults employed within the service, including the registered provider. On the day of inspection, there were six adults present in the service. This included the registered provider who arrived at the service shortly after the commencement of the inspection.

Additional Information:	This inspection was triggered due to receipt of information submitted to the inspectorate. An Immediate Action Notice was issued to the registered provider on 02 of December 2025 under Section 58(G) of the Child Care Act 1991 as amended. A response was received from the registered provider on 02 and 03 December 2025 with actions taken to address the risk identified. A referral was made to the Fire officer on 11 December 2025 due to observations made during this inspection relating to fire safety. Please refer to Section 58(G) of the Child Care Act 1991 as amended.

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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 the 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 inspector wishes to acknowledge the co-operation of the children, person in charge, staff and registered provider who were present on the day of inspection.

Summary of Findings:

On the day of inspection, the registered provider was found to be compliant with:

- Regulation 9(1)(2): Staffing Levels;
- Regulation 10: Policies;
- Regulation 13: Complaints (1).

On the day of inspection, the registered provider was found to be non-compliant with:

- Regulation 8: Vetting Disclosures (1)(2);
- Regulation 9(4): Staffing Levels;
- Section 58(G) of the Child Care act 1991 as amended.

Conclusion and follow up actions:

The requirement has been met for Regulation 8: Vetting disclosure(1)(a)(b)(c)(2) and Regulation 9: Staffing levels (4). As the Police Vetting was not obtained prior to the finalisation of the inspection report, Regulation 8: Vetting disclosure(1)(d) remains outstanding and it will be reviewed on the next inspection.

The registered provider submitted actions which demonstrated how the non-compliances identified under Section 58(G) were rectified and the measures in place to reduce the likelihood of their re-occurrence. The requirement has been met for Section 58(G) and it will be assessed on the next inspection.

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 not met
(1) It was confirmed that the service employed four new adults since the previous inspection. The full staff files for four adults and two Garda Vetting disclosures which were due for renewal for two adults present on the previous inspection were reviewed. The following was noted; (a)(b) Two validated references were available, however, validations for six references were not in place. (c) It is acknowledged that Garda vetting was in place for the four new recruits. However, two Garda vetting disclosures were due for renewal. 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 non-compliance 7 under Section 58(G) of the Child Care Act 1991 as amended.

(d) Police vetting was required for one adult and it was not available.

(2)

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. Adequate consideration of references and police vetting was not carried out for three staff members 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) All staff files have been reviewed and all references verified. A new verification document has been introduced to be used while verifying and to compliment written references supplied by staff members disclosures have been filled. The registered provider submitted the validated references to the inspectorate.

(c) Garda vetting due for renewal had been completed, and this oversight has been addressed by ensuring the most recent vetting. A digital system has been introduced to record Garda and Police vetting expiry dates, enabling effective monitoring of renewal periods and ensuring timely completion of future vetting requirements. The renewed Garda Vetting disclosures were submitted to the inspectorate.

(d) Police vetting from the staff members home country has been requested and is currently in progress. Confirmation of the request has been received and will be placed on the staff file upon completion. It will be ensured that, where required, police vetting from home country is obtained and on file prior to employment start date. A digital system has been introduced to record Garda and Police vetting expiry dates, enabling effective monitoring of renewal periods and ensuring timely completion of future vetting requirements. The registered provider submitted evidence that the staff member applied for the Police Vetting on 03 December 2025.

(2)

All required actions have been completed to address identified non-compliance. Staff references have been fully verified, and where the Police Vetting has been initiated where required. In

addition, a consolidated recording system has been implemented to track vetting timeframes and renewal dates, ensuring a clear and auditable process is in place and reducing the risk of future oversight. To prevent reoccurrence, procedures have been strengthened to ensure that all future references are fully validated prior to commencement of employment. Where applicable, Police Vetting will be sought and completed in advance of the employment start date. A centralised vetting record has been established to monitor completion dates and renewal timelines on an ongoing basis.

Summary of Findings

The registered provider provided actions to correct the non-compliances and measures to reduce the likelihood of reoccurrence. Compliance has been reached for (1)(a)(b)(c), (2). However, part (1)(d) remains outstanding as the police vetting application was still in progress. This 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

(1)(2)

During the inspection, the registered provider ensured that staffing levels were maintained. There were 5 adults working directly with 44 children. There was adequate number of staff members within the service to meet the needs of the children. For example, two staff members were observed to provide support to children completing their homework within the homework room while four adults were in the main care room.

Regulatory Requirement Not Met

(4)

The inspector observed that children were not appropriately supervised by staff at all times. In discussion with the staff members, they explained that the boys used the sanitary area on the ground floor. The side door in the care room, which led to stairs to the ground floor where the sanitary area was located, was observed to be opened and accessible to the children from 2.52pm. In discussion with a staff member at 3.07pm, while supervising at the top of the stairs, they advised that there was one child in the sanitary area. However, two children were observed to be within the sanitary area at this time. The staff member confirmed that they did not know the second child was there. A fire exit door with a push-bar handle which led to the carpark was close to the sanitary area. As the child's whereabouts was not known at this time, it posed a safety risk as they may leave the service unaccompanied and unnoticed.

Corrective & Preventive Action Response submitted by the Registered Provider

(4)

Use of the downstairs sanitary area has ceased. The upstairs toilet facilities have reopened and are now used by all children during programme hours. The door leading to the downstairs area remains closed at all times. Access to downstairs remains where accompanied by and supervised by staff for structured physical activity. A revised space management and supervision plan has been implemented to ensure all areas of the facility are supervised at all times efficiently. A walkie-talkie system communication system in use where multiple areas are being used to support effective staff communication. The layout and use of the space has been restructured ensuring consistent and safe supervision throughout the service.

Summary of Findings

The requirement for Regulation 9: Staffing levels (4) has been met and it will be reviewed on the next inspection.

Regulation 10: Policies of a school age service
A registered provider of a school age service shall ensure that the policies and statements specified in Schedule 6 are in place for the service.
Regulatory Requirement Met
The service had the required policies as specified under Schedule 6. These included a complaints policy, administration of medication, managing behaviour and fire safety policy.

Regulation 12: Insurance
A registered provider shall ensure that the school age service is adequately insured.
Regulatory Requirement Met
The service was insured for 60 school age children. The insurance policy was in place until 03 March 2026.

Regulation 13: Complaints
(1) A registered provider of a school age service other than a childminding service 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.*
Regulatory Requirement Met
(1) (a)(b)(c) A complaints policy was available within the service for a person to make a complaint. The policy detailed the procedures to follow, including the assigned person responsible for dealing with a

complaint, how complaints are dealt with and communication strategies in the case where a complaint is made to the service.

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 Met

The interactions between the children and staff members were observed to be responsive and playful. Staff were observed to engage with the children individually and in small groups. Staff addressed children by name and interacted with the children in a positive manner. Staff members were familiar with the children and their needs. They explained to the inspector of how they support individual children throughout the day and the strategies used. For example, where a child may need additional guidance or support. This was observed to be practiced by the staff members throughout the inspection.

The registered provider provided information for staff relating to their role which included key responsibilities within the service. Supporting documentation was available to demonstrate that staff were provided with and read the service's Child Safeguarding policy and Child Safeguarding statement. In discussion with staff members, they were aware of the adults with key responsibilities within the service, including the Designated Liaison Person (DLP). They described the procedures as outlined within the Service's Child Safeguarding policy and Child Safeguarding statement. The service provided staff members with relevant training, including 'introduction to Children's First', as outlined within the service's Child Safeguarding policy.

The children played football in the indoor hall on the ground floor. The registered provider outlined that the children also use an area of the carpark to play games. While the children were not observed outdoors during the inspection, the registered provider outlined the safety

measures which were in place including the location, supervision strategies and measures for clear boundaries including the use of plastic cones.

Regulatory Requirement not met

1. The registered provider did not ensure that measures were in place as outlined within the services fire safety policy as follows:
   a. It was confirmed with staff members and the registered provider, that the service have not conducted a fire drill to date. This was at variance with the service's policy which stated that fire drills were carried out monthly at different times and days during the sessions to ensure that the service know how to respond in all circumstances. The policy outlined that a written record was maintained. An Immediate Action Notice was issued to the service on 02 December 2025 as a potential immediate risk was observed. A response was received from the registered provider on the 02 and 03 December 2025 outlining the actions and measures which were taken. A referral was made to the local authority fire service on 11 December 2025.

   b. Fire display signage was not observed to be in place on the first floor of the building. And while it was observed on the ground floor, it was not consistent.

   c. Displays to detail the route to follow in the event of an emergency evacuation were not in place. This was at variance with the service's policy which stated that there were notices displayed in a prominent place in all areas of the service setting out the procedures to be followed if there was a fire.

   d. The service policy stated that the fire assembly point was clearly marked. Displays to indicate a fire assembly point at the identified location were not in place.

2. An Immediate Action Notice was issued to the service on 02 December 2025 as there was no means of heating the girl's toilets on the first floor or the homework room on the second floor.

On arrival to the service, it was noted that four of the six adults, including the registered provider wore their jackets while indoors. The following was observed:

a. At 2.50pm, the temperature of the girl's toilets was 9.9° Celsius. There was a malodour within the area. Condensation was observed on the walls, toilet units and surfaces. The registered provider confirmed that there was no means in place to heat the area.
b. At 3.12pm, there were 9 children and 1 adult in the homework room. Seven children and one adult were observed to wear their jackets while sitting at the tables completing their homework. The temperature was 15.4° Celsius and there was no means of heating the room.

A response was received from the registered provider on the 02 and 03 December 2025 outlining the actions and measures which were taken.

3. The registered provider did not take reasonable measures regarding children who had a medical condition and/or required emergency medication. It is acknowledged that staff members had a qualification in First Aid. However, the required information was not available and/or accurate for four children. The following was observed:
   a. A display listed four children who had a diagnosed medical condition. Three children were listed as requiring emergency medication and one child had a diagnosed medical condition which might require medical intervention in the event of an emergency. Information was not available, to include the symptoms the child may display or the procedure to follow in the event of an emergency. This was at variance with the service's administration of medication policy which stated that where a child had specific medical needs, including emergency medication, a care plan would be developed in conjunction with the child's parent or guardian.

   b. In discussion with staff members and the registered provider, they were unaware of the symptoms that a child may display and were unaware of the procedure to follow in the event of an emergency, to include the dosage. In discussion with the registered provider and staff member, the information regarding two children's medical requirements were

inconsistent. For example;

- Emergency medication for one child was stored in the kitchen area. In discussion, a staff member informed the inspector that this child no longer required the emergency medication. They outlined that the child's parent informed them of a recent change regarding the child's medical requirement. The staff member was unaware of any further information regarding this. The registered provider was present and confirmed that they were unaware of this information. Later in the inspection, it was confirmed that the child did require the medication which was stored in the kitchen area in the event of an emergency.

- The registered provider outlined the dosage requirements for a child who was listed on the display as requiring emergency medication. Later in the inspection, it was confirmed that this child no longer required emergency medication.

This posed a risk in the event of an emergency, as the procedures to follow were inconsistent and not known to the registered provider or staff members.

c. The service's administration of medication policy outlined that the registered provider would ensure that any form of medication was not left in a child's bag, including inhalers. It was confirmed that one child who required emergency medication was present. However, in discussion, the staff members and registered provider were unaware of the location of the child's medication. They outlined that it might have been within the child's bag.

d. The registered provider did not follow their own policy which outlined that medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage plus the name of the health care provider that recommended the medication. An inhaler was stored within the kitchen in a plastic container. While it was noted the child's name was marked on it, the information, as outlined within the service's policy was not in place.

This could pose a significant risk to a child in the event where they required their emergency medication as the relevant information, procedures to follow and location of the medication was not known.

4. The sanitary area on the first floor was deemed as unsuitable as it required repairs and works. It posed an increased risk of the spread of infection and an increased risk of injury to a child. The following was noted;
   a. The water temperature was 7.3° Celsius at 3.20pm. In discussion with the registered provider, they confirmed that there was no access to warm water in the sanitary area on the first floor. This was in variance with the service's infection control policy which outlined that children had access to warm water for handwashing. The cold water, coupled with the low environmental temperature in this space did not encourage effective handwashing.

   b. Soft foam matting was in place to cover a section of the flooring where there were exposed wires and pipes under the sink area.

   c. The service did not implement their own daily cleaning routine as outlined within the infection control policy. This outlined that on a daily basis, toilet paper was checked and if required, replaced. Children did not have access to toilet paper within any of the three toilets in the sanitary area.

   d. The toilets were unclean and there was tissue paper dispersed on the ground.

   e. There were two unused showers and a handbasin which were accessible to the children. The area which they were in appeared unkept and unclean. The flooring was uneven. Black stains were observed on the wall and area surrounding the handbasin.

5. The service did not adhere to their collection and drop of policy. The policy outlined that an accurate record is kept of all children in the service including arrivals and departures. The staff members and registered provider explained that there was one attendance record maintained

and it was updated after the children were collected from school. However, at 3.25pm when the inspector requested the attendance record, there was 16 children marked in, while 44 children were present.

6. There was insufficient space available in the main care room to accommodate the 44 children present on the day.

   Based on the age and stage of development of all the children present, it was deemed that there was insufficient space to accommodate the children present. The room was overcrowded, and the children had limited space available. For example, four children were observed to sit in a doll house at the side of a room to read and practice songs for a Christmas play. It is acknowledged that at 3.55pm, 12 children were brought to the indoor hall.

7. The registered provider did not ensure that effective measures were in place to provide children with healthy and balanced food. The registered provider outlined that the service does not provide food and that the children bring food with them each day. The following was noted;
   a. In discussion with the registered provider, it was confirmed that additional food, if a child may forget their lunch, was not available within the service.

   b. The registered provider confirmed that the service operates a healthy eating policy. However effective measures were not in place to ensure that this was implemented. Children were observed to consume treat foods including biscuits, crisps, sweets, and chocolate in sizable quantities.

8. 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. On review, Garda vetting disclosures for two staff members required renewal.

Corrective & Preventive Action Response submitted by the Registered Provider

1. The registered provider submitted the following actions in response to the non-compliance identified regarding fire safety;
   a. In response to the Immediate Action Notice, the registered provider stated that a fire drill was undertaken and that the monthly fire drill plan was reinforced. The registered provider submitted evidence to demonstrate communication with staff members regarding fire drills and the procedure to follow. A record of a fire drill dated 03 December 2025 was submitted.

      Through the CAPA process, the registered provider stated that a fire drill has been completed for December and January with all staff and children in attendance, a written record of both have been documented and retained on file. A fire drill action plan has been developed and implemented to ensure drills are carried out on a scheduled basis at varying times and days, in line with services fire safety policy. Following referral to the local authority, engagement was facilitated and the guidance provided was acted upon to strengthen fire safety procedures.

      A fire drill schedule has been established to ensure drills are conducted at regular intervals during service operation. A fire drill log has been introduced and maintained to record the date, time, staff and children in attendance, evacuation times and actions identified. Staff roles and responsibilities during fire drills have been reviewed and clarified. On going monitoring is in place to ensure continued compliance. Following guidance from the Local Authority, torches have been placed within the service to assist in the event of an evacuation and to provide adequate lighting along evacuation routes, where required. In addition, a request has been made to the landlord to provide instruction on call points and the alarm control panel to ensure staff are fully familiar with the system.

   b. Fire safety signage has now been installed on the first floor of the building alongside the existing signage for evacuation routes. Existing signage on the ground floor has been reviewed and updated to ensure it is consistent, clearly visible, and appropriately

positioned. All fire safety signage clearly identifies evacuation routes and the actions to be taken in the event of a fire and the assembly point is clearly identifiable outside the building. Regular fire signage checks have now been incorporated into the services ongoing risk review process. Responsibility for monitoring fire signage has been assigned to person in charge/management to ensure signage remains in place, clearly visible and compliant at all times. The registered provider submitted photographs of fire safety signage in the building and the daily checklist.

c. Emergency evacuation route displays installed in prominent areas of the service. These displays clearly outline procedures to be followed in the event of a fire and identify evacuation routes to be used, in line with the service fire safety policy. Evacuation route displays are now included in daily checks to ensure they remain visible, accurate and in place at all times. Responsibility for monitoring evacuation signage has been assigned to the person in charge to ensure ongoing compliance. The registered provider submitted photographs of displays demonstrating the routes to follow in the event of an emergency and a daily checklist.

d. Clear signage indicating the designated fire assembly point has been installed at the identified location, in accordance with the services fire safety policy. Staff have been informed of the assembly point location and its use during emergency evacuations. The fire assembly signage is included in the daily checks to ensure it remains clear and ongoing monitoring to maintain compliance. The registered provider submitted photographs of fire assembly point signage and the daily checklist.

2. The registered provider submitted the following actions on 03 December 2025 in response to the Immediate Action Notice;
   a. The identified works have now been undertaken and a heating system has been installed. Temperature recording has been installed to ensure safe and adequate environment. Temperature monitoring remains in place to ensure the environment remains safe and comfortable.

b. Heating system has been put in place to ensure this room, which has been reconfigured for additional purposes as part of the space management plan, maintains a safe and comfortable temperature. Temperature monitoring has been placed in the space.

The registered provider submitted photographs of heaters which were installed in the sanitary area and homework room. Photographs of devices to monitor the room temperatures were submitted.

3. The registered provider submitted the following actions in response to the finding relating to the finding relating to emergency medication;

   a. Following the inspection individual care plans have now been developed for all children identified as having a diagnosed medical condition and/or requiring emergency medication. The care plans have been completed in conjunction with parents/guardians and include clear details of the child's condition, potential symptoms, emergency procedures to be followed and instructions for the administration of emergency medication where applicable. All relevant information is now available, accurate and accessible to staff while maintaining appropriate confidentiality. Care plans will be reviewed and updated regularly for any child with a medical condition or emergency medication requirement in consultation with parents/guardians. Staff sign off on care plans is recorded. The registered provider submitted completed care plans to the inspectorate.

   b. Following the inspection, all information relating to children's medical conditions and emergency medication requirements have been reviewed and clarified in consultation with parents/guardians. All emergency medication required has been supplied by parents and is clearly labelled with the child's name and expiry date and is stored on site in line with the service policy. Staff have been briefed on care plans, including symptoms to look out for and procedures to follow in the event of an emergency and medication dosage where applicable. Any inconsistencies identified during the inspection have been addressed to ensure information held is accurate and consistent. Monthly reviews are carried out on medication expiry dates and this is included in the checklist.

c & d. A full review of medication storage was completed and all required medication attending the service is now stored onsite in a designated location readily available to all staff in the event of an emergency. Medication storage forms are part of daily checks to ensure it remains in the designated area at all times. Monthly expiry checks take place and parents are notified of upcoming expiry dates.

4. The registered provider submitted the following actions in response to the non-compliance relating to the sanitary area on the first floor;
   a. An under-sink water heater has been installed. Spots checks will be carried out daily to ensure the water remains at a comfortable adequate temperature for hand washing.
   b. The foam mat has been removed and replaced with wooden flooring. There will be continuous assessment to ensure flooring remains intact and covers all wiring beneath.
   c. An updated cleaning schedule has been implemented to ensure daily checks are carried out. A daily checklist has been updated and implemented to form part of management checks and staff duties.
   d. The toilets have been deep cleaned and sanitised and regular checks have been implemented, as well as ensuring daily cleaning is carried out effectively. A daily checklist and a weekly deep clean schedule has been updated and implemented to form part of management checks and staff duties.
   e. The shower area has been blocked off and children can no longer access this area. Shower area will remain permanently closed off.

   The registered provider submitted the following supporting documentation; photographs of the water heater, covering on floor underneath the sink and shower area cordoned off.

5. Staff have been reminded of the importance of transferring attendance lists from written checklist used at the school to the digital copy on site as soon as they arrive back with the children.

6. The overall use of the space has been reviewed and restructured to ensure children are accommodated in a manner that supports the age and interests of all. Furniture and layout

have been adjusted to maximise floor space for more appropriate use. A space management plan has been implemented to ensure appropriate usage of multiple rooms. The registered provider submitted photographs of the revised space which included a block zone, craft zone and photographs demonstrating the revised layout of the main room to include additional tables/chairs.

7. Parents/guardians have been requested to ensure they are providing healthier options for the children with the food they provide for their children within the service. An emergency supply of nonperishable foods is now stored onsite in the event that a lunch is forgotten or an alternative is required. A photograph to demonstrate communication with parents was submitted.

8. Staff files were reviewed and these discrepancies were immediately actioned. All current vetting has been added to the relevant staff files. A centralised vetting register has been introduced to recording issue dates and renewal dates of Garda Vetting.

Summary of Findings

Based on the actions submitted, it is deemed that the requirement has been met. Section 58(G) of the Child Care Act 1991 as amended will be assessed on the next inspection.