

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2024DS001
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Name of Service:	Tigers Childcare & Nexus Preschool
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Address of Service:	Kilmashogue, The Crescent, Two Oaks, Knocklyon, Dublin 16.
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Name of Registered Provider:	Therese Noonan
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Service type:	Full Day
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Date of Inspection:	04/03/2026
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No of pre-school children:	AM	46	PM	41
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Address of the Early Years Inspectorate:	Early Years Inspectorate, Floor 7 Brunel Building, Heuston South Quarter, St John's Road West, Kilmainham, Dublin 8 D08 X01F
Inspection undertaken by:	E. Griffin and L.A. Webster
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
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Description of service

This service is located on the ground floor of a residential premises in South Dublin. The service provides sessional, part time and full day care for a maximum of 68 children aged 2 to 6 years. The service is divided into two sections, namely Tigers Childcare and Nexus Preschool with each section having their own manager and staffing team.

Tigers Childcare operates a preschool service with three care rooms; the Explores, the Junior Active Club and the Senior Active Club and the service participates in the Early Childhood Care and Education (ECCE) scheme from 9am to 12pm Monday to Friday.

Nexus Preschool operates an Autistic Spectrum Disorder (ASD) unit with an occupational therapy room and three care rooms: the Cherry Blossom room, the Acorn room and the Chestnut room, each catering for children aged 2-6 years of age.

The service also has a sensory room and an outdoor play area which is situated to the rear and side of the building and divided into two sections. There is sanitary accommodation for staff and children.

Staffing

The registered provider does not work in the service. The registered provider employs 20 adults to work in the service including a regional manager and 19 adults employed across the service as follows:

- In Tigers Childcare there is one manager, a deputy manager and three adults employed to work directly with the children. Three agency staff are also employed to cover staffing ratios.
- In the Nexus preschool there is one manager and 13 adults including two behaviour support personnel employed to support the children attending.

On the day of the inspection there was one manager and six adults including two agency staff working directly with the children in Tigers Childcare and one manager and twelve adults working in Nexus Preschool.

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 9(7) Management and Recruitment

Regulation 23 Safeguarding Health, Safety and Welfare of Child

Regulation 27 Supervision.

However, on inspection an additional non-compliance was identified under Regulation 8 Notification of Change in Circumstances. These findings are outlined within the relevant regulation within this report. As a result, the scope of the inspection included the Senior Active Club and Junior Active Club (Tigers Childcare) and the Acorn room (Nexus preschool).

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 26 February 2026.

An internal referral was made within Tusla, further information is available under Regulation 8.

A Regulatory Compliance Meeting was held on 27 May 2026. Please see regulation 9 for further information.

Acknowledgments

The inspectors wish to acknowledge the cooperation of management, staff and children who were present on the day of the inspection.

Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

(1) A registered provider of a pre-school service other than a temporary pre-school service shall, subject to paragraph (3), notify the Agency in writing of any proposed change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2) at least 60 days before it is proposed that the change would take effect.

Non-Compliance Information

(1) On the day of the inspection the service was observed to be operating outside of its current registration status in relation to the age profile of the children registered to attend. The service is registered to cater for children between the ages of 2 to 6 years of age. On the day of the inspection there were two children in attendance who were not within the registered age group. An internal referral was made to Tusla's service operating outside of registered status (SOORS) department.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) The service is currently engaged in the SOORs process. Two children over the age of six are currently attending as appropriate school placements are not available. In the absence of suitable alternatives, and to ensure the children's wellbeing and continuity of care, the service have temporarily maintained their placement. While these children are above the usual age range, the service is implementing appropriate supports to meet their age and developmental stage. The service remains committed to full regulatory compliance and have strengthened our monitoring of enrolments to ensure adherence to age requirements. This matter has been

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formally raised at organisational level, and we will continue proactive engagement with families and external agencies to prevent recurrence where possible.

Supporting documentation submitted

- Documentary evidence of engagement with Tusla.
- Documentary evidence of sanction letters for both children.
- Documentary evidence of school confirmation placement for one child.

Summary Comment

The registered provider has not addressed the non-compliance under Regulation 8, this remains outstanding. The service is required to continue to engage with Tusla service operating outside of registered status (SOORS) department.

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.*

(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

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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 as required.
 - (b) A review of the roster evidenced that either the person in charge or the deputy person in charge were rostered to be present during the operational hours of the service.
 - (c) There was a clear management structure in place, and this was further evidenced through discussion with staff.
- (2) A review of paperwork and discussion with the person in charge showed that there are currently twenty adults employed by the registered provider to work within the service. The files of sixteen adults were reviewed. This included ten adults who had commenced work since the previous inspection, three staff files which had not been reviewed on previous inspection and three agency staff.
- (a) There were twenty-two written and validated references available from past employers.
 - (b) There were ten written and validated references from a source other than a past employer.
 - (c) Garda vetting disclosures had been obtained for all sixteen adults. 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 nine adults who had lived in a country other than Ireland for a period of six months or more as an adult.
- (4) Documentary evidence available showed that thirteen adults who worked directly with the children held a major award in Early Childhood Care and Education at a minimum of level 5 on the National Framework of Qualifications, or a qualification that is deemed to be equivalent by the minister.
- (7) (a) Through documentation reviewed and discussions with staff and management there was evidence to show that staff had completed online induction training prior to working directly with the children in the service.

Non-Compliance Information

- (4) Documentation was not available to demonstrate that three adults who worked directly with children attending the service held at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications or a qualification deemed eligible by the Department of Children and Youth Affairs. A similar non-compliance was observed on the previous inspection in 2025.
- (7) (a) A review of documentation and discussion with staff and management showed that staff supervision had been at variance with the service staff supervision policy between March 2025 and December 2025 when there were no records of staff supervision having been conducted. It is acknowledged that management stated they had completed verbal supervision with staff had recently developed a new supervision document which was used to document staff supervision in January and February.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (4) The three staff have applied for recognition for their qualifications, the applications are pending. The service will continue to prioritise the recruitment and retention of suitably qualified Early Years educators who meet both Tusla and Teaching Council requirements.
- (7) (a) During the period from September to December, NEXUS was undergoing an acquisition process with Tigers, during which Tigers' policies and procedures were being gradually introduced and implemented. A full review of all support and supervisions was conducting ensure they are in line with the organisations policy. Management were briefed on the staff supervision policy. Management will maintain a supervision tracker to monitor completion and ensure no gaps occur. Regular audits of supervision records will be conducted to ensure compliance, and supervision requirements will be reinforced with management to support ongoing adherence to policy.

Supporting documentation submitted

- (4) Documentary evidence of pending applications.
- (7)(a) Documentary evidence of staff signed off on all policies.

Documentation received on 12 June 2026 following the Regulatory Compliance Meeting

The registered provider has confirmed that all staff employed in future will hold a relevant qualification as required under the regulations and that all staff currently employed will hold a relevant qualification by June 2027.

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Summary Comment

The actions taken by the registered provider through the corrective and preventive action plan have addressed the non-compliances identified under Regulation 9(7)(a). The registered provider has attempted to address the non-compliance under regulation 9(4) however this remains outstanding and will be reviewed on the next inspection.

Part III – Management and Staff

Regulation 11 - Staffing levels

(1) Subject to this Regulation, a registered provider shall ensure that there is at all times an adequate number of adults working directly with the children attending the pre-school service.

(2) Subject to paragraphs (4) and (5), a registered provider of a full day care service or a part-time day care service shall ensure that at all times the minimum ratio of adults to children specified in column (3) of Part 1 of Schedule 6 opposite a particular reference number specified in column (1) of that Part in respect of the age range of the children specified in column (2) thereof at that reference number is satisfied.

Compliance Information

- (1) On the day of inspection there were an adequate number of adults available to the children attending the service to meet their care needs.
- Tigers Childcare - There were six adults caring for 31 children on the morning of inspection. There were 6 adults caring for twenty-five children during the afternoon of the inspection.
 - Nexus preschool - There were ten adults caring for fifteen children during the morning of the inspection. There were eight adults caring for sixteen children during the afternoon of the inspection.
- (2) The adult child ratios were correct when the inspectors arrived unannounced to the service and throughout the inspection. The two designated persons in charge and behaviour support manger were available to provide support in the care rooms when required.

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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 main entrance door which leads into the service was appropriately secured with an entry buzzer to prevent a child from exiting unsupervised and to prevent unauthorised access to the service.
- The two outdoor play area exits were appropriately secured with a keycode lock and were securely bolted to prevent a child from exiting unsupervised and to prevent unauthorised access to the service.
- The inspection team were asked to show identification and sign in the visitor book by management who answered the door.
- Cleaning agents were stored safely and locked away out of reach of children.
- There were no trailing flexes or wires observed to be accessible to the children.
- Blind cords were secured and there were window restrictors in place.
- All low levelled windows and glass doors had visibility strips.
- The kitchen area was inaccessible to children and the door remained closed throughout the inspection.
- Toys and equipment used by the children were observed to be well maintained and in a good state of repair.

Infection Control:

- The sanitary accommodation was equipped with warm running water, liquid soap, and hand drying facilities.
- Foot operated pedal bins were observed to be used by children and staff for the appropriate disposal of waste in the care rooms and sanitary facilities.
- An ambient temperature of 16-22°C was maintained in the care rooms, and the windows were open to allow fresh circulation of air.

Administration of Medication:

- Medication was not given at the time of inspection. Through discussion, staff were familiar with the practices required for the administration of medication to children attending the service.
- Observation showed that medication was stored safely and out of reach of children.

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- In discussion with staff, it was evident that they were aware of medical care plans for children and where the emergency medication is stored. In addition to this, staff were aware of the procedures to take in relation to potential anaphylaxis and the administering of emergency treatment if the event occurred.

Safe Sleep:

- Staff were noted to be aware of safe sleep practices and children were observed to be monitored while sleeping every 10 minutes. Staff ensured to document this through electronic format highlighting the children's breathing, position, and colour of each child.
- Sleep beds were positioned at 50cms apart, and appropriate equipment in line with Tusla's guidance on safe sleep was provided to children who were under two years of age.
- An ambient temperature of 18-22°C was maintained for sleeping children over two years of age.

Fire Safety:

- Emergency exits were observed to be unobstructed throughout the inspection.

Non-Compliance Information

General Safety:

1. A risk assessment was carried out in line with the accident and incident policy after an incident which required notification to Tusla had occurred. However, the risk assessment did not identify all potential risks to children safety to mitigate a reoccurrence. Evidenced by the following:
 - There was no individual care plan available for one child who through discussion with staff and documentary evidence showed signs requiring additional support due to showing flight risk behaviours. This posed a risk of safety. A clear and detailed care plan detailing the child's strengths, challenges and goals would help inform and support staff and parents/guardians to provide for the child's developmental needs and to ensure their safety.
2. A review of documentation and discussion with staff showed that the service had not follow their policy in relation to an incident which occurred.
3. There was documentary evidence to show the service did not carry out risk assessments in line with the service policy. Evidenced by the following:
 - There was documentary evidence to show that risk assessments were not carried out in the outdoor play area on the day an incident occurred. It is acknowledged that on the day of the inspection staff were observed to carry out regular outdoor area risk assessments which were also documented on the electronic risk assessment records.

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- Discussion with staff and a review of documentation received by the inspectorate in showed that an incident had not been recorded accurately in line with the service accident and incident form. This posed a potential risk of important information not being made available in writing to the parent.

Fire Safety:

4. The service did not maintain accurate attendance records required for safe evacuation in the event of an emergency. Evidenced by the following.
 - The details of the attendance of the children were not accurately recorded in the attendance book in the Senior Active Club. At 10.10am there were eleven children present in the care room, however, there were ten children marked as present on the electronic attendance record. Contemporaneous accurate attendance logs must be maintained to support the safe evacuation of children and staff in the event of an emergency evacuation.
 - Staff were unable to retrieve details of the children's attendance which is recorded on a software application while in the outdoor area due to an issue with internet access. It is acknowledged that management are aware of the issue.
 - The Chestnut room attendance book, which staff reported was used for fire evacuation purposes was not brought out to the outdoor play area during outdoor play time. It is acknowledged a staff member brought the attendance book out to this area once the identified risk was brought to the attention of the staff member.

All of the above posed a potential risk of safety for children and staff in the event of an emergency evacuation.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. Staff have been briefed on the risk management policy, accident and incident and outdoor play policy. A team meeting was convened to review these policies in detail and reinforce consistent understanding and implementation across the team. The child's support plan has been updated to reflect the recent developments in their support required. The following has been implemented.
 - Regular policy reviews will be scheduled and incorporated into ongoing staff meetings to ensure continued awareness and consistent implementation.
 - All staff will receive refresher training on the risk management, accidents, incidents and injury and outdoor play policies.

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- Management will ensure all new colleagues are briefed and trained on the risk management and outdoor play policy.
 - Management will carry out periodic monitoring and supervision to ensure compliance and address any gaps promptly.
 - Management will ensure any developments in children's support is documented in children's support plans, parents are informed and colleagues are briefed.
2. Staff were briefed immediately on the missing child policy and procedures, and a team meeting was held to address the matter and ensure colleagues are confident in the procedures. All staff including management, completed retraining and a review of the relevant policy. The organisation will also implement routine drills in the future to ensure confidence and competence in responding to this type of incident.
 3. The accident and incident report was written up and signed by parent. All colleagues have been briefed on the risk management policy, accident and incident and outdoor play policy. A team meeting was convened to review these policies in detail and reinforce consistent understanding and implementation across the team. policy reviews will be scheduled and embedded into ongoing staff meetings to support sustained awareness and consistent implementation. All staff will receive refresher training on the risk management, accidents, incidents and injury, and outdoor play policies. Management will ensure that all new colleagues are appropriately inducted and briefed on the risk management and outdoor play policies. Management will conduct regular spot checks on risk assessments and accident and incident reports. Ongoing monitoring and supervision will be carried out by management to ensure compliance and to promptly identify and address any gaps. The organisation has implemented an Accident and Incident audit for compliance, used my management and the Quality support team to support centres.

Fire Safety:

4. Staff were briefed and a team meeting was held to address identified gaps in attendance recording and evacuation preparedness. Attendance records were reviewed and discrepancies in the Senior Active Club attendance documentation were highlighted with staff to ensure accurate recording going forward. Where electronic access was unavailable due to internet connectivity issues, staff were instructed to ensure the manual contingency system is used to always maintain up-to-date attendance records. The Chestnut room attendance book will be now consistently taken to all outdoor areas during outdoor play sessions. Staff were made aware of its importance for fire evacuation procedures. Staff have been retrained on outdoor play, arrivals and departures and supervision, safety of children and transitions

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policies. A new internet booster has been installed. Management will do regular checks on internet connection, and this will be added to the Managers morning checklist. Management will carry out regular audits of attendance records to ensure accuracy and compliance. Spot checks will also be introduced to confirm all areas of the outdoor area has connectivity to the internet for attendance and if not that the contingency plan is in operation.

Supporting documentation submitted

General Safety:

1. Documentary evidence of staff team meeting notes, updated support plan and staff sign off on training and policy documents.
2. Documentary evidence of staff team meeting notes and staff sign off on training and policy documents.
3. Documentary evidence of the updated accident and incident record, staff team meeting notes and staff sign off on training and policy documents.

Fire Safety:

4. Photographic evidence of new internet booster. Documentary evidence of staff team meeting notes and staff sign off on training and policy documents.

Summary Comment

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

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Part VI - Safety

Regulation 27 – Supervision

A registered provider shall ensure that pre-school children attending the service are supervised at all times.

Non- Compliance Information

It is acknowledged that on the day of inspection staff members were observed to adequately supervise the children attending the service however an incident had occurred on 26 February 2026 in which a child had left the premises unsupervised.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

The incident of 26 February 2026, in which a child left the premises unsupervised, was immediately reviewed and addressed by management. The incident was discussed with all staff to ensure full understanding of the circumstances and to reinforce supervision and exit monitoring procedures. The staff involved were re-briefed on required procedures for maintaining effective supervision and ensuring all access/egress points always remain secure. A team meeting was held to address the missing child procedure and policy.

Preventive Action

All colleagues and management were retrained in the missing child policy, supervision, safety of children and transitions, outdoor play, accidents, incidents or injury, risk management policies. Management will also conduct regular drills to ensure all colleagues are confident in the policy and procedure.

Supporting documentation submitted

- Documentary evidence of team meeting agenda.
- Documentary evidence of staff training signed off.

Summary Comment

The actions taken by the registered provider through the corrective and preventive action plan have addressed the non-compliances identified under Regulation 27.

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Part VIII - Notifications and Complaints

Regulation 31 - Notification of incidents

A registered provider shall notify the Agency in writing within 3 working days of becoming aware of any of the following incidents occurring in the preschool service:

(e) an incident in respect of which a pre-school child attending the service goes missing while attending the service.

Compliance Information

(e) The registered provider ensured that the procedure specified under Regulation 31 was completed within three working days regarding a recent notifiable incident.