

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY367
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Name of Service:	Little Scholars
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Address of Service:	70 St. Mary's Park, Walkinstown, Dublin 12, Co. Dublin
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Eircode:	D12 TDX6
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Name of Registered Provider:	Edelle Phillips
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Service type:	Full Day, Part Time, Sessional
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Date of Inspection:	10/06/2026
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No of pre-school children:	AM	37	PM	32
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Address of the Early Years Inspectorate:	The Early Years Inspectorate, Tusla Child and Family Agency, Carysfort House, Carysfort Avenue, Blackrock, Co Dublin
Inspection undertaken by:	L Magee
Title:	Early Years Inspector

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).

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Description of service

Little Scholars provides full-day, part-time and sessional care to pre-school children aged 1 to 6 years. The service is registered to operate from 8am-5:30pm, Monday to Friday. During the inspection, the service was operating from 7:45am to 5:30pm. A sessional service is provided from 9am to 12 midday. The service also offers school age care.

The service is located in an adapted retail premises over two levels in a residential area of south county Dublin. There are three care rooms. The Baby room caters for children aged 1-2years. The Pre-Montessori room caters for children aged 2 to 3 years and the Montessori room caters for children aged 3-5 years.

The service has a dedicated cot room. A fully enclosed outdoor play space is available to the rear of the premises.

Staffing

The service currently employs eleven staff. On the day of inspection, eight adults were present and all eight adults were working directly with the children, this included the person in charge. The registered provider does not work in the service.

Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

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

This inspection was unannounced and focused on the area of governance/ health, welfare and development of child/ safety/ premises and facilities. The inspection may also focus on other areas as required.

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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

A referral was made to Betterstart on 15 June 2026 for quality improvement.

Corrective Actions and Preventative Actions (CAPA)

The Early years inspectorate received the Corrective Action and Preventive Action plan (CAPA) on 7 July 2026. The CAPA plan contained insufficient information to meet regulatory compliance. A second opportunity was afforded to the registered provider and this was submitted on 20 July 2026. The corrective actions and preventative actions submitted did not address the non-compliances.

Acknowledgments

The inspector wishes to acknowledge the cooperation of the person in charge, staff and children who were present on the day of the inspection.

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Statutory Notices

Notice	Date Served	Detail
Improvement Notice IN0125	10/06/2026	The doors from the Pre Montessori room leading into the spare room and on into the kitchen could not be closed effectively. The kitchen is a full working kitchen with sharp utensils, a kettle and a hot pot on the cooker. This posed a safety risk to the children.
Status	The registered provider took immediate corrective action which addressed the risk identified. Preventative actions were submitted by the registered provider which were accepted and addressed the statutory notice.	
Improvement Notice IN0127	10/06/2026	A garda vetting disclose was out of date for one staff member who was working with the children on the day of inspection. This posed a safety risk to the children.
Status	The registered provider took immediate corrective action which addressed the risk identified. Preventative actions were submitted by the registered provider which were accepted and addressed the statutory notice.	

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Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

(3) Where a registered provider has been unable for good and proper reason to notify the Agency within the time specified in paragraph (1) or (2), as the case may be, of a 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), the registered provider shall notify the Agency in writing of the change as soon as possible thereafter.

Non-Compliance Information

(3)

The registered provider did not notify the Agency in writing of the following changes;

The number of children the service can accommodate at one time and the opening hours of the service.

The service is registered to provide care to a maximum of 36 children, however on the morning of inspection there were 37 children present.

The service is operating their service between 7:45am -5:30pm but is registered to operate from 8am-5:30pm.

This was a non-compliance on the last inspection on 1 December 2024.

The service has been referred into the Services Operating Outside of Registration Department (SOORS).

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The building has been regularised, and all required documentation has been submitted to SOORS. The service is currently awaiting an inspection from Building Control Management System (BCMS). The person in charge will follow up with BCMS every two weeks until the inspection is completed, and all correspondence and outcomes will be recorded to ensure the action is progressed to completion. No further preventive actions can be implemented at this stage, as the service is awaiting an inspection and outcome from BCMS. The person in charge will maintain regular contact with BCMS and monitor progress until the inspection has been completed and any recommendations arising are addressed.

Supporting documentation submitted

No supporting documentation submitted.

Summary Comment

The registered provider will continue to engage with SOORS regarding this regulation. The regulation remains outstanding.

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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*

(2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,*
- (b) consideration of references from reputable sources in the case of a person who has no past employers,*
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and*
- (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.*

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

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

Compliance Information

(1)(a & b)

There was a designated person in charge and a named person who was able to deputise as required. Both adults were on the premises on the day of inspection.

(2) Following a discussion with the person in charge, it was determined that there were six new staff since the last inspection on 1 December 2024, in relation to regulations 9(2)(a), (d) and (4). Regulation 9(2)(c) was inspected for these six adults and a further three adults whose Garda vetting disclosure required renewal in accordance with the Early Years Inspectorate Regulatory Notice.

(a) Ten references were provided from a past employer of which eight were validated by the service.

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(c) Garda vetting disclosures were on file for these nine adults. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew staff Garda vetting every three years. Please refer to the information outlined under Regulation 23 of this report.

(d) International Police vetting was not required as none of the six adults lived outside the state for a period of longer than 6 months as an adult.

(4) All new staff members who required a childcare qualification, held a major award in Early childhood Care and Education at a minimum Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

Non-Compliance Information

(2) The registered provider did not ensure that each employee was suitable and competent as outlined below

(a), (b)

- There were no written validated references available for one staff member.
- A second adult had two past employer references, but neither were validated by the registered provider before the employee commenced working in the service.
- Three adult's past employer references were not from their most recent past employer.

(3) Documentation reviewed evidenced that the procedures specified above under 9(2) had not been carried out prior to one staff member commencing employment in the service.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

2(a&b) & 3

The staff member who did not have the required documentation on file has not returned to work.

The person in charge has completed and documented verbal reference checks to validate the staff member's employment history. All correspondence and follow-up actions will be recorded on the staff file.

An administrator has been recruited to support the management team with the maintenance and oversight of documentation, staff files, and record-keeping systems. In addition, the service has engaged with Better Start to provide support and guidance to the management team in relation to management roles and governance arrangements. The person in charge will oversee the implementation of these supports, with progress reviewed monthly to ensure all documentation and record-keeping requirements are maintained in compliance with regulatory standards.

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Supporting documentation submitted

Documentation to support these non-compliances were reviewed.

Summary Comment

The regulatory requirement has been met. This regulation 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) An adequate number of adults were working directly with the children on the day of inspection. There were eight adults working with thirty-seven children in the morning and eight adults with thirty-two children in the afternoon.

(2) The minimum ratio of adults to children was adhered to during the inspection.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

(1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:

(a) the name, position, qualifications and experience of the person in charge and of every other employee, unpaid worker and contractor;

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Non-Compliance Information

The registered provider did not ensure a record of employment history was available for one adult. Without this record, verification of the individuals relevant experience could not be determined.

Corrective and Preventive Action

The staff member identified has since ceased employment with the service. The staff file has been updated accordingly, and all relevant employment records have been reviewed to ensure compliance with regulatory requirements. The service has engaged Better Start to provide support and guidance to the management team in relation to governance and maintaining compliance with regulatory requirements. In addition, an administrator will be recruited to support the management team with the organisation and monitoring of documentation and record-keeping systems. The person in charge will review documentation and service provision on a monthly basis to ensure ongoing compliance with all regulatory standards.

Supporting documentation submitted

No documentation submitted.

Summary Comment

The regulatory requirement has been met.

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 entrance door to the service was adequately secured to prevent unauthorised persons from entering and to ensure children could not exit unsupervised. Cleaning agents and medication were stored safely out of children's reach.

Infection Control:

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Liquid soap and warm water were available to facilitate hand washing. Children were supervised washing their hands after using the toilet and after outdoor play in Pre Montessori and Montessori rooms. Waste was managed appropriately with the use of pedal bins.

Administration of Medication:

On the day of inspection, there were no children requiring regular or emergency medication.

Safe Sleep:

Standard cots were available for younger children to sleep and low-level beds were available for older children to sleep or rest as required. Children were physically monitored while sleeping and staff demonstrated that they were familiar with safe sleep guidelines.

Fire Safety:

The fire exits were clearly marked and unobstructed. The fire drill procedure and fire escape plan were displayed in the service. Staff demonstrated through discussion they were familiar with the fire drill procedure.

Non-Compliance Information

General Safety:

See Statutory Notice section in relation to Improvement Notice IN0125 served.

See Statutory Notice section in relation to Improvement Notice IN0127 served.

1. The service did not demonstrate compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years for a further two adults, one of whom is currently on leave and a second adult who usually does not have access to the children but did attend the service when the children were present, on the day of inspection.
2. A blind cord was loose and not secured to the wall in the Montessori room. This was in reach of the children and posed a safety risk. The inspector brought it to the attention of the person in charge who put a temporary measure in place to secure it out of reach of the children.
3. Shelving units in the Montessori room were not secured to the wall and posed a risk of injury.

Infection Control:

The following were observed on the day of inspection, despite the service having an infection control policy which informs the day to day running of the service:

4. Staff were observed to wear the same gloves throughout the nappy changing procedure. This included reapplying a clean nappy and redressing the children. Both the staff and the children then left the nappy changing area and did not wash their hands despite a sink being present in the nappy changing area.

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These actions increase the risk of the spread of infection. This is contrary to the service's nappy changing policy.

5. Handwashing practices were inconsistent in the Baby room. Staff confirmed that the children use wipes instead of soap and water in the Baby room which poses a risk of transmission of infection.
6. In the sleep room, ten low-lying beds with sheets and blankets attached were stored on top of each other. This posed a risk of cross contamination.
7. Wipeable plastic couches and chairs were ripped and torn in parts in the Pre Montessori and Baby rooms. The main table in the Baby room was chipped and damaged. None of these could not be cleaned effectively for infection control purposes.
8. There was no system in place for cleaning toys after children put them into their mouths in either the Baby or Pre Montessori rooms, despite the infection control policy stating mouthed toys will be cleaned on a daily basis.
9. There was no tissue dispenser in use in either of the sanitary facilities. Dispensers minimise cross contamination of infection.
10. The highchairs and bibs which were used by the children in the Baby room were heavily stained with old food particles.

Administration of Medication:

11. One staff member was not aware if the children in their care were on medication or if any of the children had an allergy. This posed a safety risk in the event of a medical emergency.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. Garda Vetting was applied for on the day of inspection for the adult who does not usually work in the presence of children and attended the service on the day of the inspection to complete an action that was required to be addressed by 5pm. In relation to the second staff member, guidance was received to defer the Garda Vetting application until further clarity is available regarding the end of the staff member's leave and confirmed return-to-work date. The person in charge will ensure that Garda Vetting is completed prior to the staff member returning to work. An administrator will be recruited to support the management team in maintaining and monitoring staff files to ensure that all required documentation, including Garda Vetting, is in place and up to date. The person in charge will complete audits of staff files

every second week and maintain a tracking system to monitor renewal dates and outstanding documentation, ensuring ongoing compliance with regulatory requirements.

2. On the day of the inspection, the blind cord was secured immediately as a temporary control measure to eliminate any immediate risk to children. A permanent wall-mounted safety cleat has since been installed, and the blind cord has been securely fastened in accordance with safety requirements. The identified hazard has been fully addressed, and the area has been checked to ensure there is no ongoing risk to children. The person in charge will continue to complete and document daily health and safety checks to ensure that blind cords and any other potential hazards remain secure and do not pose a risk to children. Any issues identified during these checks will be addressed immediately, documented, and, where required, added to the service's risk assessment. Regular environmental audits will also be undertaken to ensure that all areas of the service continue to meet health and safety requirements and that potential risks are identified and mitigated promptly.
3. The shelves were relocated to a lower level, and sturdier shelving units have been put in place of the previous toy shelves to ensure the safety and accessibility of materials for children. The shelving units will remain at the lower level on a permanent basis to reduce the risk of instability and ensure children's safety. The person in charge will monitor the condition and positioning of shelving units as part of ongoing daily safety checks and risk assessments. Any changes to room layout will be reviewed to ensure that safety is maintained and unnecessary damage to walls is avoided.

Infection Control:

4. The staff members involved were individually met with by the person in charge to discuss the findings and reinforce the service's nappy changing and infection prevention and control procedures. Each staff member was reminded of the importance of adhering to the correct handwashing procedure and changing gloves between each stage of the nappy changing routine in line with the service's policies and best practice. The relevant policies were reviewed in detail with each staff member, and they re-read and signed the policies to confirm that they understood the required procedures and their responsibility to adhere to them consistently. The person in charge documented these meetings and confirmed that the identified practice issues had been addressed immediately. All staff have reviewed and signed the service's nappy changing and infection prevention and control policies to confirm their understanding of the required procedures, including effective handwashing practices and the correct use and changing of gloves during each nappy changing routine. The person in charge will continue to carry out regular observations of practice, supervision sessions, and spot checks to monitor compliance with the service's

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policies and best practice guidelines. Infection prevention and control procedures will also be reinforced through regular team meetings, staff supervision, and ongoing training to ensure consistent, high-quality practice is maintained.

5. The staff members concerned met individually with the person in charge to review the inspection findings and discuss the service's hand hygiene and infection prevention and control procedures. The importance of consistently following the service's hand hygiene policy at all times was reinforced. The relevant policies were reviewed with the staff members, who re-read and signed them to confirm that they had read, understood, and would adhere to the procedures outlined. The person in charge documented the discussions and reinforced the expectation that best practice and the service's policies are followed consistently throughout the day. All staff have reviewed and signed the service's hand hygiene and infection prevention and control policies to confirm their understanding of the required procedures and their responsibility to implement them consistently in practice. The person in charge will continue to monitor compliance through regular observations of practice, staff supervision, and spot checks, providing guidance and support where required. Hand hygiene and infection prevention and control will also remain a standing item for discussion during team meetings and supervision sessions to reinforce best practice and ensure ongoing compliance within the service.
6. A shoe organiser was purchased and securely installed on the back of the sleep room door to provide individual storage for each child's bedding. Each child has been allocated their own clearly designated compartment, ensuring that bedding is stored separately, remains hygienic, and is protected from cross-contamination when sleep mats and beds are stacked. The person in charge has checked that the new storage system is being used consistently, and the identified non-compliance has been fully addressed. The individual bedding storage system will remain in place to ensure that each child continues to have their own designated compartment for the hygienic storage of their bedding. The person in charge will monitor bedding storage practices through regular room checks and routine health and safety audits to ensure that bedding is stored correctly, remains separated, and complies with the service's infection prevention and control procedures. Any issues identified will be addressed immediately and discussed with staff to ensure ongoing compliance.
7. The existing cosy corner couches were removed from the service and disposed of as they were no longer considered suitable for use. Replacement furnishings and resources were ordered immediately to ensure that the cosy corner is equipped with safe, clean, durable, and age-appropriate furniture. The person in charge has ensured that only equipment which is in good condition and suitable for children's use will be

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introduced into the environment, and the identified issue has been fully addressed. The new cosy corner furnishings will be maintained in accordance with the service's cleaning, maintenance, and infection prevention and control procedures. The person in charge will continue to include all cosy corner furniture and equipment in regular environmental inspections, health and safety checks, and risk assessments to ensure that they remain safe, clean, suitable for use, and in good condition. Any items showing signs of wear, damage, or deterioration will be removed from use immediately and replaced without delay to maintain a safe and welcoming environment for children.

8. The person in charge will monitor compliance through regular room checks to ensure that all mouthed toys are consistently removed, stored appropriately, and sanitised each day.
9. Tissue dispensers were ordered and are scheduled for installation. The tissue dispensers will be installed as soon as they are received to provide a permanent solution and ensure continued compliance with infection prevention and control requirements. The person in charge will ensure that hygiene materials, including tissues and toilet roll, are checked regularly as part of daily room inspections and health and safety checks. Stock levels will be monitored to ensure supplies remain readily available while awaiting the installation of the tissue dispensers. Once installed, the tissue dispensers and toilet roll holders will be included in routine environmental checks to ensure they remain fully stocked, well maintained, and fit for purpose. Any shortages or maintenance issues identified will be addressed promptly and recorded where appropriate.
10. Highchairs are cleaned daily after each use following meals to ensure they are maintained in a clean and hygienic condition. Where bibs are used, they are also cleaned immediately after use in line with infection control procedures. The person in charge will continue to monitor the condition and cleanliness of highchairs and bibs through daily cleaning routines and regular inspections. Highchairs and bibs will be cleaned and sanitised after each use in accordance with the service's infection control procedures.

Administration of Medication:

11. Following the inspection, the person in charge reviewed the service's medication management procedures with the staff team to ensure all staff understood the process for communicating medication requirements, obtaining parental consent, and administering medication safely. It was reinforced that, when a child require medication in the future, all relevant staff will be informed prior to the child's attendance, and the required documentation will be completed and communicated in accordance with the service's medication management policy. The person in charge will continue to ensure that all staff are informed of any child requiring medication or with identified medical needs through staff handovers,

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individual care plans, and regular team communication, in accordance with the service's medication management policy. Where a child requires medication, the person in charge will ensure that all required documentation, including parental consent and medication records, is completed before medication is administered. Compliance with the medication management procedure will be monitored through regular audits of children's records and staff supervision to ensure ongoing adherence to policy and regulatory requirements.

Supporting documentation submitted

General Safety:

Supporting documentation was submitted to support regulation 23.2 and 23.3.

Infection Control:

Supporting documentation was submitted to support these non-compliances.

Administration of Medication:

No supporting documentation was received.

Summary Comment

The actions taken by the registered provider have addressed Regulations 23. This regulation will be reviewed on the next inspection.

Part VI - Safety

Regulation 25 - First aid

(1) A registered provider shall ensure that a person trained in first aid for children is, at all times, immediately available to the children attending the pre-school service.

(2) A registered provider shall ensure that a suitably equipped first aid box for children-

(a) is safely stored in an easily accessible and conspicuous position on the premises, and

(b) is available to the children attending the pre-school service at all times.

Compliance Information

(1) There was evidence to show that two adults hold certification in First Aid Responder training, and both adults were available for the duration of the inspection.

(2)

(a) A suitably equipped first aid box was available and stored safely in an easily accessible and prominent position.

(b) The first aid box was observed to be easily available to the staff caring for the children attending the service

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Part VI - Safety

Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-*
- (a) any fire drill that takes place in the premises, and*
 - (b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.*
- (4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.*

Compliance Information

- (1)
- (a) A written record was available detailing fire drills that had taken place in the service.
 - (b) The number, type and maintenance record of firefighting equipment and smoke alarms on the premises were up to date. Fire extinguishers and smoke alarms were serviced in January 2026.
 - (4) The procedures to be followed in the event of a fire were displayed in the service.

Part VI - Safety

Regulation 27 – Supervision

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

Compliance Information

Thirty-seven preschool children in the Baby, Pre Montessori and the Montessori rooms were appropriately supervised throughout the day of inspection.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

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A registered provider shall ensure that the premises of the service are-
(d) cleaned, maintained and repaired, as required,

Non-Compliance Information

(d) Throughout the premises, areas were found not maintained and repaired as required as detailed below:

1. In the sanitary unit upstairs, holes were observed where plaster was missing.
2. In the Pre Montessori room, paint was chipped off the pillar and a mesh beneath was exposed. The radiator cabinet was warped and chipped in parts. Holes in the walls were observed where plaster was missing.
3. In the Baby room, the windowsill was chipped and in need of repair and painting.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Following the inspection, a painter attended the service to assess the required work and commence preparatory repairs. The painter is scheduled to return on 20 July 2026 to fill all remaining holes and complete the repainting of the entire setting. This work will ensure that the premises are maintained in a good state of repair, are clean and well maintained, and continue to provide a safe, suitable, and welcoming environment for children. The person in charge will continue to monitor the condition of the premises through daily environmental checks, regular health and safety inspections, and ongoing risk assessments. Any maintenance issues identified will be recorded, prioritised, and addressed promptly to ensure the environment remains safe, clean, and well maintained. A planned maintenance schedule will also be maintained to support the timely completion of repairs and to ensure continued compliance with regulatory requirements.

Supporting documentation submitted

A text to confirm the date the person who will paint the premise is due to arrive.

Summary Comment

The actions taken by the service have addressed the non-compliances identified. The regulatory requirement has been met.