

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015FL125
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Name of Service:	Jonix Educational Services
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Address of Service:	St. Benedict's & St. Mary's School, 30-68 Grange Park View, Donaghmede, Dublin 5.
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Name of Registered Provider:	Nicola Hansen
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Service type:	Part Time
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Date of Inspection:	19/03/2026
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No of pre-school children:	AM	5	PM	5
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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
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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Conditions if applicable

Not applicable

Description of service

Jonix Educational Services is a privately run specialist service that offers a part time service to children with Autistic Spectrum Disorder (ASD). The service is one of seven operated by the registered provider and caters for children aged 3-6years old. The service which operates two sessions daily from 9am-1pm and 1pm-5pm Monday-Friday is located within a primary school located in a residential area in North Dublin. There are three classrooms: namely the Morning Classroom used by the children attending the morning session, the Afternoon Classroom used by the children attending the afternoon session and the Playroom room which is used by children from both classrooms to provide extra opportunities for indoor play. Additionally, the service has an office, staff room, and sanitary facilities. There is an enclosed outdoor play area within the school grounds.

Staffing

The registered provider employs seven adults to work in the service including a regional manager, a person in charge, a deputy person in charge, one class teacher and three tutors.

On the day of inspection, the deputy person in charge, the class teacher and three tutors were present when the inspector arrived. Shortly after the inspection commenced, the regional area manager arrived to help facilitate the inspection process and remained on site throughout the inspection process. The registered provider does not work within the service and was not present on the day of inspection.

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:

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- 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. 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.

A sampling process was used to assess compliance under the following:

Regulation 19(a) Health, Welfare and Development of Child and Regulation 23 Safeguarding Health, Safety and Welfare of Child. As a result, the scope of the inspection included the two classrooms, the Playroom and the outdoor play area.

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

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

The service was referred to the National Registration Enforcement Panel (NREP) on 29 April 2026.

Acknowledgments

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The inspector wishes to acknowledge the cooperation of the regional area manager, deputy person in charge, 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 3 to 6 years of age. On the day of the inspection there was one child in attendance who was 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 child's school placement was delayed. Due to the circumstances the service made the considered decision to maintain his placement temporarily and exceptionally. This arrangement was intended solely as a short-term measure pending the school placement's availability, which is anticipated within the coming months. The remaining children in both classes are aged 3-6 years. The child has now been moved to an appropriate class.

Supporting documentation submitted

- No supporting documentation submitted.

Summary Comment

The registered provider has addressed the non-compliance under Regulation 8. This will be reviewed on the next inspection.

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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*
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.*

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

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

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

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

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 and management.

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- (2) The files of the registered provider, regional manager and six adults were reviewed.
- (a) There were fourteen written and validated references available from past employers.
 - (b) There were two written references available from a source other than a past employer.
 - (c) Garda vetting disclosures had been obtained for the eight adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
 - (d) Documentary evidence showed that five adults had lived in a state other than Ireland for more than six consecutive months as an adult. International police vetting from the relevant countries was available for four adults.

Non-Compliance Information

- (2) (d) Documentary evidence showed that one adult had lived in two different jurisdictions other than Ireland for more than six months as an adult. International police vetting was not available for one of the two jurisdictions.
- (3) The registered provider did not ensure the checks required under (2) were conducted prior to the employment of one staff member.
- (4) Evidence was not available to show that six adults who are employed to work directly with the children held at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework, or a qualification deemed by the Minister to be equivalent. It is acknowledged that the regional manager who was present on the day of inspection has a qualification deemed by the Minister to be equivalent. A similar non-compliance was observed on the previous inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2) (d) The one staff member that required international police vetting has received the certification. This area was immediately addressed by management. Management will ensure not to have any new staff on the premises whilst awaiting vetting.
- (3) All files have been thoroughly reviewed to ensure that each contains the necessary documentation and all required records. This matter has been immediately brought to the attention of the management team responsible for maintaining accurate staff documentation to ensure oversights don't occur going forward.
- (4) The service has initiated a recruitment drive using an updated job description which includes qualification recognition as mandatory. The service will continue to engage constructively with relevant regulatory and professional bodies to seek formal recognition of our current staffing profile and inhouse training and where

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appropriate, advocate for a review of the existing criteria to better reflect the operational realities of Department of Education-funded settings.

Supporting documentation submitted

- Documentary evidence of staff member police vetting.
- Documentary evidence of Job advertisement.

Supporting documentation submitted

Representations received via email stated that staff were engaging in the recognition of prior learning process to achieve relevant QQI qualifications. A further submission showed evidence of a relevant qualification for five staff employed by the service.

Summary Comment

The non-compliances identified under Regulation 9 (2)(d) and 9 (3) has been adequately addressed. The registered provider has attempted to address the non-compliances however regulation 9(4) remains outstanding as evidence of relevant qualifications has not been received by the inspectorate. This non-compliance will be reviewed on the next inspection.

23 July 2026

The registered provider has addressed the non-compliance under regulation 9(4).

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.

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- There were five children being cared for by four adults on the morning of the inspection.
- There were five children being cared for by four adults 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 regional manager was available to provide support in the care rooms if required.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

(1) A registered provider shall, in providing a pre-school service, ensure that-

(a) each child's learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and

Compliance Information

The service demonstrated how children's learning and development is promoted. Evidenced by the following.

Basic Needs:

- Snack time was observed to be a sociable event and staff chatted amicably with the children. Children were provided with water and milk for drinking.
- A rest area was available to the children in the care rooms. This area included a soft mat, and books providing the children with a comfortable place to rest or engage in quiet activities. In the playroom the presence of a large bean bag provided the children with a comfortable area to rest during indoor activity time. In addition, in the outdoor play area there was a soft mat provided for children to rest and relax during outdoor play time.
- Children's sense of identity was promoted throughout the care room. For example, children's artwork was displayed and children had their own individual labelled coat hooks.
- The presence of a visual daily routine on display and a sound timer provided the children with a sense of stability, security, and predictability. In addition, staff were observed to give verbal reminders to children in advance of moving from one activity to the next activity.

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- The children were observed to play outdoors during the inspection. This supported their social, cognitive, and gross and fine motor development.

Supporting Relationships:

- Staff were observed to work well together promoting a sense of strong teamwork and collaboration and staff ensured that this was modelled to the children.
- Children were observed to have the freedom to move freely in their care room and independently choose their activities and play experiences.
- Staff were observed to interact continuously with the children. For example, during tabletop activity time and the staff sat beside the children and offered encouragement and support.
- Children's language development was observed to be supported through staff engaging in conversations with the children throughout the inspection. In addition, the use of Picture Exchange Communication System (PECS) and the use of Augmentative and Alternative Communication (AAC) devices were also observed. Management discussed how staff had started to also introduce Lámh the Irish Sign Language (ISL) to help support better communication for some of the children.
- Management reported that information about the child's is shared with parents through conversations. Conversations with parents were observed to be held at collection times. These updates keep parents informed about the daily life of their child.

Equipment and Materials:

- Developmentally age and stage appropriate tables and chairs were present throughout the care rooms to allow children to engage in tabletop activities and mealtimes independently and comfortably.
- The care room had defined areas of interest with supporting equipment. Toys and equipment were stored on low level shelves which supports various types of independent play. In addition, toys and materials were themed and labelled which provided for spontaneous play opportunities.
- There were age and stage appropriate play equipment in the indoor playroom. This included a ball pit, tunnel, slide, balls and cushions which were used to support children's sensory need for movement.
- There was a variety of age and stage appropriate play equipment in the outdoor area. This included a climbing frame, slides, a swing, a toy house, mud kitchen with supporting props and ride on vehicles such as cars and tricycles.

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Non-Compliance Information

1. Practices observed in the service did not promote a healthy food ethos and was at variance with the service's 'Healthy Food' policy. Children's snack boxes were observed to include non-nutritious food items. The Nutrition Standards for Early Learning and Care Services recommend that sweets, chocolate, biscuits and cakes should not be part of a child's daily diet.
2. Discussion with management showed that children attending the service on a part-time basis are provided with food at one set mealtime each day unless advised by the children's parents that they have not eaten well in the morning. Children's lunches were not accessible to the children if they are hungry. Children attending a part-time service should be offered two meals and one snack each day.
3. A nappy-changing unit was not available to support the comfort of the children who required nappy changing. One nappy-changing unit, including a wash-hand basin and changing mat is required for every 11 children in nappies.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. While the service has a Healthy Eating policy, for many of the children in our service, food can be a sensitive subject. We often work closely with a child's disability services or in-house Behaviour Support team to address specific needs related to food, including aversions, sensitivities, swallowing issues, rigidity and restriction, and eating disorders such as AFRID (Avoidant/Restrictive Food Intake Disorder). Children participate in a food related activity each week which incorporates healthy snacks and gives them the opportunity to try new food options.
2. A notice including nutrition standards has been shared with families. The service would also like to emphasise that pictures are used in the classroom to help children communicate when they are hungry. In some cases, concrete object references, such as lunch boxes, are also used, depending on the child's individual needs. Additionally, for many of the children in our service, food can be a sensitive subject. The service often works closely with a child's disability services or in-house Behaviour Support team to address specific needs related to food, including aversions, sensitivities, swallowing issues, rigidity and restriction, and eating disorders such as AFRID (Avoidant/Restrictive Food Intake Disorder). Staff will monitor and observe lunch and snack times, as well as the availability of food items within the preschool, and communicate any relevant information to the class teacher.
3. A nappy changing unit was risk assessed by the registered provider and a management plan was implemented. Management will update the risk assessment if necessary.

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Supporting documentation submitted

- Documentary evidence of notice sent to families.
- Documentary evidence of nappy changing unit risk assessment.

Summary Comment

The actions taken by the registered provider through the corrective and preventive action plan have addressed the non-compliances identified under Regulation 19.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

A registered provider shall ensure that all reasonable measures are taken to safeguard the health, safety and welfare of a pre-school child attending the service and that the environment of the service is safe.

Compliance Information

General Safety:

- The main entrance door which leads into the service was appropriately secured to prevent a child from exiting unsupervised and to prevent unauthorised access to the service. The inspector was asked to show identification and sign in the visitor book.
- The outdoor play area was securely walled and gated and children were observed to be adequately supervised when playing outdoors. This prevented children from exiting unsupervised and prevented unauthorised access to this area.
- Internal doors had high handles which prevented children from leaving the care rooms unsupervised.
- Cleaning agents were stored safely out of reach of children.
- Windows and blinds the care rooms were positioned at a high level and were not accessible to children.

Infection Control:

- An ambient temperature of 18-22°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.

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- Observation showed that medication was stored safely and out of reach of children.
- There was documentary evidence to show that staff completed the administration of medication records which included details such as the name of child, date of birth, medication given, dosage given, name of person who administered medication, name of person who witnessed the administration of medication, time and date the medication was administered and parent/guardian signature showing they had been informed of these details.

Fire Safety:

- All fire emergency exit doors were clear from obstruction.

Non-Compliance Information

General Safety:

1. The radiators across the three classrooms were observed not to be adequately secured and posed a risk of injury. A similar non-compliance was observed on the previous inspection, and the preventive action had not been sustained.
2. Flexes and cables were observed to be accessible to children in the morning classroom and playroom which posed a risk of injury.
3. One ride in car in the outdoor area was observed to be broken with no door handle and missing a part of the front of the car which exposed rusty screws. This posed a risk of injury to the children. A similar non-compliance was observed on the previous inspection, and the preventive action had not been sustained.
4. The drain cover in the outdoor area was not secured, and a child was observed to be holding it. This posed a risk of injury.
5. The back of the toilet in the sanitary accommodation used by the Afternoon Classroom was observed to be unsecured and could be removed easily. This posed a risk of injury.
6. There was evidence to show that the visitor book is not used consistently. Staff advised that two health care professionals had attended the service during the weeks prior to the inspection however there was no record of these in the visitor book. It is important the service keep a record of all visitors. A similar non-compliance was observed on the previous inspection, and the preventive action has not been sustained.
7. Staff do not conduct daily risk assessments of the service. The service policy states that staff identify the risk, assess the nature of the risk and develop a plan to manage the risk however this policy does not outline how risk assessments are to be conducted and documented. Daily risk assessments minimise risks to the children.

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Infection Control:

The practices and equipment in the service did not ensure that effective infection control measures were in place to reduce the spread of inspection.

8. The water temperatures recorded across all hand basins used by children in the service were recorded between 9.2°C and 15.7°C this is not conducive to effective hand washing and posed an infection control risk.
9. Hand paper towels were observed to be stored loosely on a shelf that was inaccessible to children in the Morning Classroom. Hand paper towels should be hygienically dispensed and easily accessible to children. This posed an infection control risk.
10. The bin beside the sink in the Morning Classroom where four children were observed to have their hands washed was not foot pedal operated. This meant the children had to touch the top of the bin to dispose of waste materials. This posed an infection control risk.
11. Toilet rolls were observed to be stored unhygienically and in an area that was inaccessible to children in the Morning Classroom. In addition, toilet rolls were observed to be placed on the back of the toilet in the sanitary accommodation used by the Afternoon Classroom. This posed a risk of cross infection.
12. The nappy changing mat was observed to be stored on the floor of the sanitary area used by the morning classroom. This posed an infection control risk.

Fire Safety:

13. The service did not maintain accurate children's attendance records required for safe evacuation in the event of an emergency. The details of the five children who were in attendance from 9am that morning had not been recorded in the attendance book at 10.15am. This posed a potential risk of safety in the event of an emergency evacuation.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The radiators in classrooms have been secured. Management/Person in charge (class teacher) to continue to perform regular reviews of the safety of the immediate environment.
2. The flexes and cables in the classroom and playroom have been secured. The person in charge (class teacher) was informed that it's imperative to perform regular checks to ensure all areas are safe and don't pose a threat.

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3. The ride on car was disposed up following the inspection. Management/ Person in charge (class teacher) to perform regular checks of the premises and improve communication when a piece of equipment breaks and needs to be disposed of.
4. The drain cover in the outdoor area has been secured. Management/ Person in charge (class teacher) to perform regular checks of the premises and improve communication when a piece of equipment needs securing.
5. The back of the toilet has been secured. Person in charge (class teacher) to perform regular checks of the premises and improve communication when a piece of equipment needs to be fixed.
6. Management has discussed with the class teacher regarding maintaining consistent visitor records. The visitor sign in sheet has been repositioned and displayed in a location that will remind the class teacher to ensure visitors sign in.
7. Management have discussed with the class teacher & tutors regarding daily risk assessments. Risk Assessment policy to be revised and updated.

Infection Control:

8. The water temperature in the staff toilet is 37°C and the water in the children's morning class is 33°C. All staff have been advised not to use the sinks within the classrooms for washing the children's hands until the temperature in those sinks have been controlled. The service handman is in the process of investigating a solution.
9. Hand paper towel has been stored in a basket at children's level. A hand paper towel dispenser has been ordered.
10. A new pedal bin has been implemented beside the sink in the morning and afternoon classes. Management/Person in charge (class teacher) to perform regular checks of the premises and improve communication when a piece of equipment breaks and needs to be replaced.
11. Toilet roll holders have been implemented. Management/Person in charge (class teacher) to perform regular checks of the premises and improve communication when a piece of equipment breaks and needs to be replaced.
12. The children's changing mat has been attached to the wall. Management have discussed this measure with all staff

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Fire Safety:

13. Management has discussed with the class teacher regarding maintaining the children's attendance records on arrival to the classroom. The teacher will ensure that the children's attendance record is prioritized each morning.

Supporting documentation submitted

General Safety:

1. Photographic evidence of all radiators repaired.
2. Photographic evidence of flexes and cables secured.
3. No supporting documentation submitted.
4. Photographic evidence of the outdoor drain secured.
5. Photographic evidence of the back of the toilet secured.
6. No supporting documentation submitted.
7. No supporting documentation submitted.

Infection Control:

8. Photographic evidence of two sinks at correct temperatures.
9. Photographic evidence of hand paper towels stored in basket.
10. Photographic evidence of foot pedal operated bin.
11. Photographic evidence of toilet rolls dispensed hygienically.
12. Photographic evidence of nappy changing mat on wall.

Fire Safety:

13. No supporting documentation received.

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.

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 firefighting equipment and smoke alarms in the premises.*
- (2) The record referred to in paragraph (1) shall be open to inspection by-*
- (c) an authorised person.*
- (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) The records available demonstrated that fire drills are held monthly within the service and the service conducted a fire drill on 16 March 2026.
 - (b) A record was available detailing the number, type and maintenance of the firefighting equipment and smoke alarm systems in the premises.
 - Records demonstrate that the firefighting equipment had been serviced annually, with the last service taking place on the 14 January 2026.
 - Records demonstrate that the smoke alarms have been serviced on a quarterly bases with the last service taking place on 16 December 2025.
- (2) (c) All records requested were made available for the inspector to review.
- (4) There was a notice of the procedures to be followed in the event of fire displayed on the wall of the care rooms in the service. Staff were aware of the procedures that needed to be followed it the event of an emergency evacuation.