Early Years Inspectorate Regulatory Report
School Age Services

TUSLA Identifier:	TU2020DR020SA
Name of School Age Service:	Templeogue After school Academy
Name of Registered Provider:	Ronnie Carroll
Address of School Age Service:	St Judes GAA Club, Wellington Lane, Templeogue, Dublin
Eircode:	D6W KX68

Dates of Inspection:	12 November 2025			
Date of Regulatory Enforcement Meeting:	09 January 2026			
Number of school age children present during inspection:	**AM**	n/a	**PM**	122
Registration status:	Registered for school age			
Conditions (if applicable):	Not applicable			

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

Authority to Inspect
Tusla's Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

Description of Service:	Templeogue After school Academy is in Templeogue, Dublin. It operates from St. Judes GAA complex which is a multi-use premises. The service is registered to accommodate 120 children aged 4 to 10 years. The service operates from an indoor hall and four changing rooms within the building. The outdoor area is located to the side of the premises, which consists of an enclosed astro-turf pitch and two partially enclosed areas.

Staffing:	The service employs seventeen adults, including the registered provider. On the day of inspection, there were thirteen adults within the service.

Additional Information:	This inspection was triggered as information was received by the inspectorate. An Immediate Action Notice was issued to the registered provider on 12 November 2025 due to immediate risks identified to children's safety. Please refer to Finding 1, 2 and 3 under Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013. Responses were received from the registered provider on 13 and 16 November 2025. A referral was made to HSE Environmental Health Service on 17 November 2025 due to observations during this inspection. A referral was made to the Fire officer on 04 December 2025 due to observations made during this inspection relating to fire safety. The Inspectorate is aware that engagement between the fire service and the registered provider is ongoing. The service was operating outside their registration status. The service was registered to accommodate 120 children, however, the number of children exceeded this on the day of inspection. A referral was made to Service's Operating Outside of Registration (SOORs) team within the Early Years

	Inspectorate. Please refer to Regulation 7; Notification of change in circumstances (1) for further information. The service was registered to operate from 13:00 to 18:30. The registered provider and staff members confirmed that there were two school age children present within the service since 12.30pm on the day of inspection. The National Registration Enforcement Panel held a Regulatory Enforcement Meeting with the registered provider on 09 January 2026 to discuss the findings from this inspection.

Legislation

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

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

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

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

children referred to in point (a) above.

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

Inspection Methodology:

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

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

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

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

Inspection findings are documented in the School Age Services inspection report which is first issued in draft format to the service with an opportunity to respond to any findings. Where statutory requirements are identified as not being met, the registered provider must demonstrate how they have corrected the non-compliance and how they will prevent them from re occurring. The Corrective Action and Preventive Action plan (CAPA) will be used to inform decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements, an escalation process may be commenced.

The Inspectorate reserves the right to edit CAPA responses received for reasons including clarity, completeness and compliance with administrative and legal processes.

The contents of the report are compiled by the Inspectorate body.

Acknowledgements:

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

Summary of Findings:

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

- Regulation 8(1)(2): Vetting disclosures;
- Regulation 9(2): Staffing levels;
- Regulation 13: Complaints.

The registered provider was found to be non-compliant in relation to the following;

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

Conclusion and follow up actions:

Through the CAPA process, the registered provider provided actions to detail the measures in place to reduce the likelihood of the non-compliances identified under Regulation 7; Notification of change in circumstances (1) and Regulation 12: Insurance. Based on the implementation of these actions, it is deemed that the regulatory has been met and it will be assessed on the next inspection.

The requirement for Regulation 9(1)(4): Staffing levels has not been met. The supporting documentation requested from the registered provider to demonstrate implementation of the actions was not submitted.

The overall requirement for Section 58(G) of the Child Care Act 1991 as amended has not been met. Based on the implementation of the actions submitted through the CAPA process, it is deemed that the requirement for Finding 2, Finding 4, Finding 8, Finding 9 (b)(c) is met. These actions will be assessed on the next inspection. However, Findings 1, 3, 5, 6, 7 and 9(a) remains outstanding as sufficient actions and/or supporting documentation were not submitted by the registered provider.

Regulation 7; Notification of change in circumstances
(1) *A registered provider of a school age service shall, subject to paragraph (2), notify the Agency in writing of any proposed change in the details in relation to the school age service contained in the register pursuant to section 58C(2) of the Act or Regulation 6(2) or 6(3) at least 60 days before it is proposed that the change would take effect.*
Regulatory Requirement not met
(1) The service was operating outside their registration status and did not notify the inspectorate of an increase to the numbers of children in attendance or hours of operation as follows: a. The service was registered to accommodate 120 children. On the day of inspection, there were 122 children in attendance. In discussion with staff members and the registered provider, they outlined that there were over 120 children in attendance on Wednesdays. The inspectors could not determine the total number of children on other dates as the information which was required was not available.
Corrective & Preventive Action Response submitted by the Registered Provider
(1) a. The registered provider stated that there was immediate compliance with registered capacity as a change in circumstances notification was submitted to Tusla to ensure that all operational details were accurately recorded. Revised oversight and monitoring procedures have been implemented. A designated compliance officer/manager will monitor daily attendance to ensure strict adherence to the registered capacity. A weekly compliance check will be completed and documented. All staff have received refresher training on Tusla regulatory requirements, including maximum numbers, notification obligations, and record-keeping. Monthly internal audits will be conducted to verify accuracy and compliance.
Summary of Findings
The regulatory requirement for Regulation 7; Notification of change in circumstances has been met and it will be assessed on the next inspection.

Regulation 8: Vetting disclosures
(1) A registered provider of a school age service other than a childminding service shall ensure that each employee, unpaid worker and contractor is suitable and competent, taking into consideration the nature of the needs of children, including by- *(a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,* *(b) consideration of references from reputable sources in the case of a person who has no past employers,* *(c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochana in accordance with the Act of 2012 in respect of the person, and* *(d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.* *(2) The procedures specified in paragraph 1 shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the school age service.*
Regulatory Requirement Met
(1)(2) In discussion with the registered provider and person in charge, it was determined that the service did not employ any new adults to work within the service since the previous inspection. The registered provider is engaging in a CAPA process to address non-compliance identified on the previous inspection which was carried out on 10 October 2025.

Regulation 9: Staffing levels

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

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

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

Regulatory Requirement Met

(2) The minimum adult to child ratio was maintained during the inspection. There were thirteen adults, including the registered provider, working with 122 children aged 4 to 10 years.

Regulatory Requirement not met

(1) An inadequate number of staff were available during the inspection to meet the needs of the children. Please refer to Section 58(G) of this report.

(4) An Immediate Action Notice was issued to the registered provider during the inspection due to the immediate risk to children's safety. The registered provider did not ensure that the school age children were appropriately supervised at all times. The inspector identified significant risk arising from children entering and exiting the building without supervision. This was brought to the attention of the registered provider and deputy person at 2.40pm. The deputy person in charge advised that the service does not allow children to be unaccompanied and that a staff member must supervise the children who were moving between the indoor and/or outdoor area. They outlined that this would be communicated with staff members at this time. However, effective measures were not put in place and children continued to exit the indoor hall and the building unnoticed and unsupervised. The following was observed;

a. At 2.30pm, while the inspector was walking from the indoor hall to the outdoor area, they observed a child aged 5 years unaccompanied to the back of the premises. The child explained to the inspector that they were 'exploring'. The inspector brought the child to

a staff member who was in the outdoor area. At 2.40pm, the inspector noticed that the same child was unaccompanied and out of sight of the staff members in the outdoor area. The child was observed to knock on the glass door to a gym which was located within the multi-use premises and in use by members of the public. The inspector brought the child into the indoor hall and advised the deputy person in charge that this child was found unaccompanied on two occasions. The inspector requested actions to be taken to mitigate any further risk.

b. At 3.05pm, 7 children aged 6 to 7 years were observed to enter the indoor hall unnoticed and unaccompanied by a staff member. The inspector made the registered provider and deputy person in charge aware of this and requested actions to be taken. This included communication with the staff regarding the service's own practices of accompanying children from indoors to/from outdoors and increased supervision of the fire exit door.

c. At 3.12pm, a child aged 8 years was observed to exit the indoor hall unnoticed by staff members and unaccompanied. At 3.14pm, the child ran back in and was unnoticed by staff members. The registered provider and deputy person in charge were made aware of this. The inspector requested actions, which included increased supervision of the fire exit door, to be taken.

d. At 4pm, a child aged 6 was observed to be wandering and unsupervised in a corridor which was also used by the members of the public. The child was observed to be alone and an adult was not observed to supervise from a reasonable distance. The child explained to the inspector that they were going to the indoor hall. A staff member entered the corridor from the hall, noticed the child and brought them back to changing room 7. Please also refer to finding 2(b) under Section 58(G) of this report.

Supervision practices were found non-compliant on the previous inspection carried out on 10 October 2025.

Corrective & Preventive Action Response submitted by the Registered Provider

(1) Following the identification of this finding, the registered provider reinforced child safeguarding practices across the service. All staff members were reminded of their safeguarding responsibilities, and existing procedures were reviewed to ensure they are consistently implemented in day-to-day practice.

To reduce the likelihood of this non-compliance reoccurring, the registered provider has implemented ongoing governance measures focused on safeguarding. Monthly staff meetings are now held with a specific agenda item dedicated to child safeguarding, allowing for regular discussion, reflection, and reinforcement of best practice. Safeguarding practices are further supported through ongoing supervision, guidance, and encouragement for staff to raise concerns or seek clarification where required.

(4) The registered provider responded to the Immediate Action Notice on 13 and 16 November 2025. Actions were also provided by the registered provider through the CAPA process. The following response was submitted to the findings on inspection;

Immediate action was taken to ensure that the child was returned safely to the indoor hall and placed under direct staff supervision. Management addressed the issue immediately with staff on duty and reinforced the requirement that children must be supervised at all times. Staff were instructed that children are not permitted to leave classrooms, halls, or designated areas without a staff member present.

Supervision levels in both the indoor hall and outdoor area were adjusted immediately following the inspection to ensure full visibility of all children. Staff deployment was reorganised so that designated staff members are positioned at fixed supervision points covering entrances, exits, boundary points and high-traffic areas.

Staff-to-child ratios were reviewed and adjusted during peak transition times. Transitions between indoor and outdoor areas are now supported by a lead staff

member who coordinates movement, while additional staff members are stationed at entry and exit points to maintain visual supervision of all children. Children are no longer permitted to move between areas independently. Any movement between areas occurs only under direct staff supervision. The service has introduced two clearly defined supervised areas, including a designated children's waiting area, to ensure children remain within sight and supervision of staff at all times.

All staff have received refresher training on supervision, transitions between areas, and safeguarding responsibilities. Ongoing monitoring will be carried out by the Person in Charge / Deputy Person in Charge to ensure consistent implementation of these measures. General staff meetings are held on the first Monday of every month, with child safeguarding as the main agenda item. These meetings focus on supervision practices, safe transitions between areas, and staff responsibilities to ensure children's safety at all times.

Supporting Documentation

The registered provider submitted the following supporting documentation; A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The template stated that the meeting focused on safeguarding and daily procedures, supervision in the child wating area and supervision practices. It also noted on the agenda that a copy of the staff handbook was provided. A copy of staff handbook was submitted to the inspectorate, which listed procedures relating to supervision practices indoors and outdoors. The registered provider submitted a photograph of a template with the signatures of 9 staff members stating they received the service's safeguarding policy.

Summary of Findings

The requirement has not been met for Regulation 9: Staffing levels.

While it is noted that the registered provider submitted actions to detail the measures which were taken to address the findings and reduce the likelihood of this non-compliance reoccurring. However, the supporting documentation did not provide sufficient assurance that the registered provider communicated these measures adequately to staff or provided training to prevent recurrence.

Regulation 12: Insurance
A registered provider shall ensure that the school age service is adequately insured.
Regulatory Requirement not met
The registered provider did not ensure that there was adequate insurance for the number of children present within the service. The insurance policy in place was to accommodate a maximum of 120 school age children at any one time. On the day of inspection, there were 122 children present.
Corrective & Preventive Action Response submitted by the Registered Provider
The registered provider stated that the insurance policy was updated immediately to ensure that it fully covers 135 children attending the service. The service has ensured that the number of children in attendance does not exceed the insured capacity. Management will review insurance adequacy annually and whenever operational numbers change. A copy of the service's insurance policy was submitted to the inspectorate to demonstrate that cover was in place for the increased number of children from 18 November 2025 to 27 March 2026.
Summary of Findings
The regulatory requirement has been met for Regulation 12: Insurance.

Regulation 13: Complaints
(1) A registered provider of a school age service other than a childminding service shall ensure that the complaints policy of the service specifies— *(a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,* *(b) the manner in which such a complaint shall be dealt with, and* *(c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.*

Regulatory Requirement met
(1) The service had a complaints policy in place. The policy detailed how a complaint was made to the service and supporting procedures, to include how a complaint was managed and the timelines.

Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013
It shall be the duty of every person providing an early years service to take all reasonable measures to safeguard the health, safety and welfare of children attending the service and to comply with regulations made by the Minister under this Part.
Regulatory Requirement not met
1. An Immediate Action Notice was issued to the registered provider during the inspection due to immediate risk to children's safety. The registered provider and their staff did not know how many children were present and had no effective means of monitoring or recording attendance. Failure to have clear knowledge of the number and identity of the children in their care may result in children going missing and undetected and may place children at risk in the event of a fire or evacuation. The service's collection and drop off policy outlined that children were counted one by one as they enter the service and these numbers are immediately recorded on the daily register. Furthermore, it outlined that children arriving to the service were signed in. However, on the day of inspection the following was observed; a. At 2.05pm, in discussion with the staff member who was tasked with completing the attendance records, they were unaware of the number of children present within the service. In conversation, they outlined that there were 'maybe 40' children. A few moments later, the staff member advised the inspectors that there were 51 children present. However, the inspector found that there were 59 children present at that time. The staff member was made aware and was requested to carry out another headcount. b. In discussion, staff members outlined that there were 40 to 50 children due to arrive at the service at 2.20pm. At 3.05pm, the staff member with key responsibilities to complete the attendance records and the registered provider were unaware of the total number of children present. They were requested by the inspectors to carry out a

headcount.

c. At 3.20pm, it was determined by the inspectors that the registered provider and staff members did not know the actual number of children and/or the names of the children who were present within the service. The staff member tasked with the responsibility was observed to still be completing the attendance records. Given the immediate risk identified, the inspectors requested that another headcount was carried out. The registered provider responded stating there were 'probably about 124 children present'. While it is acknowledged that the registered provider requested that all children stayed in one place for a few minutes to carry out a headcount, the registered provider and staff members remained unsure of the actual number of children present at this time.

The methods used within the service for the staff members to know the number of children and/or the individual children who were present within the service was previously identified in January 2024.

2. The registered provider did not ensure that effective measures were in place to restrict unauthorised access into the service or unauthorised exit of a child from the service. The following was noted;

a. The front doors to the service were opened and unsecured for the duration of the inspection. This entrance was adjoining the carpark which used by other services of the club. A member of the public was observed enter the service through the front door at 1.10pm, they walked through the indoor hall to another part of the building. They advised the inspectors that it was a short-cut which they used to the toilet. Staff members observed this adult and did not intervene. The service was in operation at this time and children present.

b. There was potential for access to the service by an unauthorised adult and/or exit of a child through a side door of the premises which was unsecured. This was found on a previous inspection on 10 October 2025, and the registered provider was requested to take immediate action. The actions taken did not mitigate the immediate safety risk this posed to the children. The registered provider was made aware of this at 4.40pm and

again to take action.

Immediate Action Notices were issued to the registered provider on two previous inspections in October 2025 and January 2024 regarding the potential unauthorised entrance and/or exit from the service. The registered provider responded stating that the doors were securely closed. The registered provider failed to implement the corrective actions they had identified to mitigate the risk.

3. The registered provider did not ensure that effective measures in the event of a fire and/or emergency evacuation were in place as follows;
   a. At 4.10pm, two fire exits within the building were obstructed and inaccessible. Both fire exits were impeded as the metal shutters were pulled down on them. The registered provider advised the inspectors that they did not have a key to open them. One of these fire exits was also obstructed with equipment and could not be accessed. The registered provider was requested to move the children from changing rooms 1 and 2 to the main hall. An Immediate Action Notice was issued to the registered provider on 12 November 2025.

   b. In discussion with staff members, they confirmed that a fire drill has not taken place in the previous 12 months.

   c. The fire signage within the premises did not provide information in an event of an emergency evacuation as follows;
      i. The four changing rooms accommodating 44 children and 4 staff members did not have fire exit signage within the rooms.
      ii. Fire exit signage was not consistent within the corridors which were used by the service.

   d. There was no signage in place to show the route for emergency evacuation

   e. Staff members were unclear about the location of the fire assembly point for the service. In discussion, they described different locations for the fire assembly point.

4. The registered provider did not consistently follow the service's child protection policy and drop off and collection policy. This practice posed a risk to the welfare and safety of the child as the procedures which were in place for safeguarding were not followed as demonstrated by the following examples;

   a. The service's policy outlined that the service will only permit a child to be collected by people authorised to collect which are listed on the child's registration form. It was confirmed by the registered provider and a staff member that a child who was collected from school by the service was subsequently released into the care of an unauthorised person.

   b. The drop off and collection policy outlined that in the instance where an unknown /unnamed adult arrives to collect a child, the service would contact the child's parent or guardian. The registered provider confirmed that contact was not made with the child's parent prior to the service releasing the child into the care of an unauthorised adult.

5. The registered provider did not adhere to the services child protection policy or child safeguarding statement. This posed a risk to children's welfare as there may be a delayed response if there was a child safeguarding concern.

   The service's safeguarding policy outlined that the service had a reporting procedure, should a staff member have a safeguarding concern relating to a child. It outlined that the service appointed both a Designated Liaison Person (DLP) and a Deputy Liaison Person. However, in discussion, the registered provider and staff members were unaware of these named adults and the reporting procedures within the service. Clarity could not be obtained by the inspector on the name of the persons with key responsibilities regarding safeguarding procedures within the service.

6. The registered provider did not ensure that effective risk management measures were in place to mitigate the risks posed within the kitchen. The kitchenette area which was located

within the main hall was easily accessible to the children. A staff member was not present and/or within close proximity to effectively supervise the area at all times. The following was noted;

a. At 2.40pm, a chopping knife was observed on a low-level countertop. Other sharp kitchen utensils which were stored in an open cupboard under the countertop were also accessible.
b. Hazardous materials, including containers of cleaning fluid and bleach were stored in an open cupboard within the kitchen. More containers of bleach were stored at a low-level in the adjoining store room. This was found on the previous inspection on 10 October 2025.
c. The light fixture in the kitchenette area posed a possible risk of injury. The light was observed to be falling from one side and appeared unstable.

7. Inspectors observed the presence of a care plan for a child who required emergency medication. However, this care plan contained generic information and it was not specific to the child, and their medical needs in the event of an emergency. In discussion with staff members, they were unaware of the individual symptoms which the child may display and the actual procedures to follow in the event of an emergency. This posed a risk of delayed or ineffective intervention with this child in the event of a medical emergency.

8. The service did not appropriately cater for the needs of children aged 4 to 7 years old who were attending the service. In discussion with the registered provider and staff members, it was outlined that from 2pm the younger children played at the activity tables or in the outdoors, until the older children arrived at the service between 2.45pm to 3pm. They outlined that the younger children were then accommodated in four rooms with activities. And at 5.30pm approx., these children would be brought back to the indoor hall with the older children. The inspectors observed the following between 2.45pm to 5.15pm;

a. In the afternoon, the younger children were separated into groups and brought into four sports changing rooms. These rooms were not suitable as follows;

i. The inspectors noted a strong malodour within all four changing rooms.
ii. There was insufficient space to accommodate the children or meet their needs. Within each room, there was a fixed bench in place on at least of the two walls which further reduced the space available for the children.
iii. Changing room 7 and 8 were interconnected with no accessible means of ventilation. The window was not accessible due to its height and location above a shower unit.
iv. The walls at back of changing rooms contained sanitary facilities and open showers which were accessible to the children. These spaces were unsuitable as designated child care rooms.

b. The children were provided with building blocks and Velcro darts in changing rooms 1 and 7, music in room 8 and colouring books and markers in changing room 2. On entering the rooms, a number of children asked the inspectors if they could bring them into another room and one child who appeared upset asked the inspector if they could ring their parent to collect them. Alternative activities and/or equipment was not observed to be offered to the children while in these changing rooms. Throughout the inspection, while in the changing rooms, the children appeared to be disengaged and bored. For example,
   i. At 4.42pm, two children were observed to be wrestling on the floor, the music was playing loudly and the staff member intervened when the inspector entered the room.
   ii. Across the four rooms, children were observed lying on the floor and on the benches with a small number of children partaking in the activity offered within the room. One child aged 5 years old outlined to the inspector that they had 'nothing to play with and they had to make up their own games'.

c. The mealtime was observed to be unstructured and the children were not supported at this time. The younger children arrived at the service at 1.45pm and were encouraged to queue up in a line for their food. The children got a plate and they told the staff member serving the food what they would like. While it was noted that staff members were

present within the indoor hall, however, they did not positively engage with the younger children during the mealtime. For example, six children aged 4 to 6 years were observed to ask for, and only eat, one chicken nugget. This went unnoticed by staff members. During the mealtime, staff members were observed to stand at distance from the children, which restricted interactions, such as encouraging children to eat or engaging with small groups and/or individual children at this time.

9. The practices of the service did not provide staff members with opportunities to build positive relationships with the children. The interactions were limited and not responsive to the child's age and/or individual needs displayed. This was demonstrated through the following examples;

   a. During this time, the inspectors observed that up to 54 children were accommodated in the indoor hall in three areas; at the food tables, activity tables and basketball court. The number of children present restricted the interactions with staff members. The interactions observed while in the indoor hall were functional and directive for example 'sit down' or 'line up here please'. These interactions may restrict the development of positive relationships with children.

   b. An individual child was not provided with comfort or reassurance by the staff members or the registered provider. From 2.15pm to 2.50pm, a child aged 5 years old was sitting alone with their head resting on the ledge of the table and was kicking the metal bars underneath. At this time, there were 24 school age children sitting at the other three tables while this child sat on their own. At 2.21pm, two staff members were observed to stand next to this child to have a conversation, however, there were no interactions observed between the staff members and the child. At 3.40pm, this child was in Changing Room 2. The inspector observed the child sitting in a similar position with their head down, and they appeared to be disengaged. Staff members or the registered provider did not recognise that the child required the support of an adult. This does not promote children's well-being as, at this age, children require the surrounding adults to be responsive and to provide them with emotional support which may include reassurance or comfort.

c. Shortly after their arrival to the service at 2.45pm, a child was sitting at a table in the eating area and was resting their head on their arm which was on the table. At 3.15pm, the child was in the same position, and a staff member brought them to the activity table at the other side of the hall. At 3.15pm, the child was observed to lie in the same position on their arm on the table with their eyes closed. At 4.40pm, the child was still in the same position and the inspector requested the registered provider to speak with this child. They outlined that the child informed them that they felt sick when they were collected from school. The registered provider nor staff did not take any measures to ensure the safety and wellbeing of the child in their care nor did they inform the child's parents. The registered provider gave the child a biscuit and the child remained at the table lying on their arm. The child remained in the service until 5.10pm.

Corrective & Preventive Action Response submitted by the Registered Provider

1. A response to the Immediate Action Notice was provided by the registered provider on 13 and 16 November 2025. Through the IAN response and CAPA process, the registered provider stated the following;

   Immediate action was taken to address the risk identified during the inspection. The Person in Charge/Deputy Person in Charge immediately assumed responsibility for overseeing attendance counts throughout the remainder of the day. The registered provider will ensure that staff are aware of the number of children present at all times including at the school and when they arrive at Templeogue Afterschool Academy. Mandatory headcounts will be done at all key transition times: before/after outdoor play, meals, and when they leave from Templeogue Afterschool Academy. The daily attendance register is completed in real time and is now checked and signed off by management each day.

   To ensure accurate knowledge of the number and identity of children at all times, the service has implemented a six-step daily attendance monitoring system:

   - A clear daily list is prepared each morning outlining all children expected to attend and the total anticipated numbers.
   - Emails and communications from parents/guardians are checked each morning to identify children who will not be attending. Any absences are communicated

immediately to the staff member responsible for school collection. If a child is not attending on a particular day, the register is updated each morning to reflect their absence, ensuring staff always work with the correct expected numbers. A daily sign-in/out register is maintained and reviewed. A clear daily list is prepared each morning outlining all children expected to attend and the total anticipated numbers.

- During school collection, staff verify attendance against the daily list, recognising that parents may sometimes forget to inform the service of absences.
- Children are counted when boarding and disembarking from the bus, and numbers are cross-checked with the attendance list.
- On arrival at the service, the Person in Charge completes a final headcount. The children are counted one by one as they enter the service, and numbers are immediately recorded on the daily register.
- When a child is collected from the after-school service by a parent or authorised person.

Children are now collected in smaller, clearly defined groups based on demographic and class-level considerations, supported by a total of four staff members when collecting from the largest school. Each staff member is responsible for a maximum of eight children, ensuring effective supervision. Attendance is verified for each child through direct confirmation with school teachers at collection. The Person in Charge records any children not attending on the transport list. This forms part of the revised six-step collection process, enabling the service to clearly confirm the number of children expected and present by group and class level before departure and upon arrival to the service.

Staff have received refresher training on attendance recording, supervision, and emergency procedures. Clear responsibility for attendance monitoring has been assigned to named staff members at each stage of the day. The recently updated drop off and collection policy has been shared online with all staff. Signed acknowledgements have been obtained to confirm receipt and understanding.

The registered provider submitted the following supporting documentation; A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The template stated that the meeting focused on safeguarding and daily procedures, supervision in the child wating area and supervision practices. . It also noted on the agenda that a copy of the staff handbook was provided. A copy of staff handbook was submitted to the inspectorate and it listed procedures relating to supervision practices indoors and outdoors. The registered provider submitted a photograph of a template with the signatures of 10 staff members stating they received the service's drop off and collection policy. A sample collection list was submitted which included the child's name and day of the week.

2. The registered provider responded to the Immediate Action Notice on 13 and 16 November 2025. Through the IAN response and CAPA process, the registered provider stated the following actions were implemented to address to the findings relating to unauthorised access and/or entry to the service;

    a. Immediate action was taken to ensure the front doors are kept closed, locked, and monitored at all times while the service is in operation. A clear staff rota has been introduced to ensure responsibility for monitoring the front entrance is assigned at all times. When the staff member is not there it will be locked and the service have a bell outside for people to let the service know they require the service to open the door. Staff supervision at the front entrance was strengthened and staff were reminded of their responsibility to challenge and intervene immediately if an unauthorised adult attempts to enter the service. The registered provider conducts regular visual checks during sessions and reviews completed security checklists to monitor compliance. All staff have received refresher training on safeguarding, access control, and visitor management procedures.

    b. The side door of the premises was immediately secured and is now secured at all times when children are present. Daily door checks are now carried out at 12:45pm by a designated staff member, with checks recorded on a security checklist. These measures ensure that access points are secured and children are appropriately supervised at all

times. Responsibility has been clearly assigned to named staff members on each shift. Any identified issue with door security will be addressed immediately and escalated to management. To prevent re-occurrence, responsibility for door security has been clearly assigned through the staff rota. Door security and supervision expectations are reinforced through staff communication and refresher training on safeguarding, access control, and visitor management procedures.

The registered provider submitted the following supporting documentation; A photograph of a daily checklist and a visitor sign-in book. A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The template stated that the meeting focused on safeguarding and daily procedures, supervision in the child wating area and supervision practices. . It also noted on the agenda that a copy of the staff handbook was provided. The registered provider a photograph of a template with the signatures of 9 staff members stating they received the service's safeguarding policy.

3. The registered provider submitted the following actions in response to the findings relating to fire safety within the service;

a. Following consultation with the Fire Officer, it has been confirmed that the rear rooms are no longer in use. Therefore, the associated changing rooms are also not in operation. The service currently has two active fire exits, which are clearly identified and in use. All active fire exits are checked daily by designated staff members, in line with the established fire safety checklist. Records of these checks are maintained accordingly. All staff have been verbally informed of the current fire exit arrangements and changes to usage of the premises. In addition, the fire drill training will be updated to reflect the current layout and active fire exits, and this updated training will be delivered to all staff at the next scheduled fire drill to ensure full awareness and compliance.

A daily fire exit check has been introduced to ensure all designated emergency exits are unlocked, accessible, and free from obstruction before children arrive and during service

operation.

The registered provider submitted the following supporting documentation; A photograph of a template with the signatures of 9 staff members stating they received the service's fire safety policy. A copy of a daily checklist which listed the checking fire exit doors.

b. Fire drills will be practiced at least once a month to ensure children and staff are familiar with evacuation procedures. All persons on the premises at the time, including staff and children, will be expected to participate in each fire drill. A fire drill record log has been introduced to document the date, time, number of participants, evacuation time, and any learning outcomes or required actions. Fire drill procedures will be reviewed regularly by management to ensure ongoing effectiveness and compliance. Two fire drills were completed, one in November 2025 and one in January 2026.

The registered provider submitted the following supporting documentation; A photograph of 'Fire drill training' dated 11 November 2025 with the signatures/ attendance of 8 staff members. The template stated that a fire drill was conducted to familiarise staff with emergency evacuation procedures. A photograph of a template with the signatures of 9 staff members stating they received the service's fire safety policy was also submitted. A photograph of a fire drill record stating that a fire drill took place on 14 November 2025 and 09 January 2026.

c. The registered provider engaged with the club management regarding the deficiencies identified in fire exit signage. Fire exit signage within corridors used by the service has been reviewed and updated to ensure clear, visible, and consistent direction of evacuation routes. Ongoing liaison with the club management will continue to ensure that fire safety signage remains adequate and maintained throughout the premises. A monthly fire safety check has been introduced to ensure that fire exit signage remains visible, consistent, and in good condition. Fire signage will be reviewed as part of each fire drill to confirm that evacuation routes are clearly identifiable. Any missing or damaged signage will be reported immediately to premises management and addressed without delay.

The registered provider submitted three photographs of two fire exit signs in the main hall and one in the kitchen area.

d. No actions or supporting documentation was submitted by the registered provider.

e. The registered provider has clearly identified and confirmed a single designated fire assembly point for the service. All staff have been informed of the correct location of the fire assembly point to ensure a consistent and coordinated response in the event of an emergency. The fire assembly point location has been communicated verbally to staff and included in staff guidance. The location of the fire assembly point has been incorporated into the Fire Safety and Emergency Evacuation Policy.

The fire assembly point details are now covered during staff induction and refresher fire safety training. Fire drills will reinforce the correct assembly point, ensuring all staff and children proceed to the same designated location. Clear signage identifying the fire assembly point has been installed and will be checked during regular fire safety inspections. Staff receive continued guidance and training on fire safety and evacuation procedures, and management reviews records to monitor that corrective actions are consistently implemented. The Fire Safety Policy has been shared with all staff members online.

The registered provider submitted the following supporting documentation; A photograph of 'Fire drill training' dated 11 November 2025 with the signatures/ attendance of 8 staff members. A photograph of a template with the signatures of 9 staff members stating they received the service's fire safety policy was also submitted. A photograph titled 'assembly point'.

4. The registered provider submitted the following actions in response to the finding relating to the service's collection procedures;

a. The service has strengthened its drop-off and collection procedures to ensure that children are only collected by individuals authorised on the child's form. Children will not be released to any person not listed on the registration form unless prior written authorisation has been received from the parent/guardian and confirmed by the Person in Charge. The service will ensure that children are released only in accordance with written parental authorisation. Any change to authorised collectors or providers must be confirmed in writing in advance and recorded on the child's file. Staff will continue to receive training on the drop-off and collection policy, and compliance will be monitored by the registered provider. The authorised collectors list is now actively checked by staff at every collection. Where an unfamiliar person arrives, staff must verify the individual's identity against the child's registration details and photographic identification before releasing the child.

   The Person in Charge oversees and monitors daily collection practices to ensure procedures are consistently followed. Any changes to authorised collectors are immediately updated on the child's registration record and communicated to all relevant staff. This will be monitored through ongoing supervision, spot checks during collection times, and regular team discussions to reinforce safeguarding responsibilities.

b. The service will ensure that where an unknown or unnamed adult arrives to collect a child, the child will not be released until direct contact is made with the parent or guardian and written authorisation is received. Staff have been reminded of the drop-off and collection policy, and adherence will be monitored by the registered provider to ensure consistent compliance.

   The registered provider submitted the following supporting documentation; A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The template stated that the meeting focused on procedures to prevent unauthorised collection. It also noted on the agenda that a copy of the staff handbook was provided. A copy of staff handbook was submitted to the inspectorate and it listed procedures relating to the collection of children. The registered provider a photograph of

a template with the signatures of 10 staff members stating they received the service's drop off and collection policy on 15 January 2026. A photograph of a collection list template which listed the child's name and day of the week was also submitted.

5. Immediate action was taken to clarify safeguarding roles and responsibilities within the service. The Designated Liaison Person (DLP) and Deputy Designated Liaison Person (Deputy DLP) have been clearly identified and confirmed. All staff have been informed of the names and roles of the DLP and Deputy DLP and the correct child safeguarding reporting procedures. Safeguarding responsibilities and reporting pathways were reviewed with staff to ensure clarity and understanding. The names and contact details of the DLP and Deputy DLP are now clearly displayed within the service and included in the Child Safeguarding Statement. Safeguarding roles and reporting procedures are now covered during staff induction and reinforced during regular staff meetings and refresher training. Management will routinely review safeguarding procedures to ensure staff knowledge remains clear and consistent.

   The registered provider submitted the following supporting documentation; A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The template listed safeguarding as a topic. The registered provider a photograph of a template with the signatures of 9 staff members stating they read the service's safeguarding policy. A copy of staff handbook was submitted which provided the names of the DLP and deputy DLP.

6. The registered provider submitted the following actions in response to the finding in relation to the ineffective risk management measures within the kitchen;
   a. Sharp utensils were made inaccessible. All chopping knives and sharp kitchen utensils were immediately removed from low-level countertops and open cupboards. These items are now stored securely in locked, high-level storage that children cannot access. There is permanent supervision. A dedicated staff member will remain assigned to the kitchenette area at all times. Access to the kitchen area is now restricted through staff monitoring and physical controls (e.g., gates/signage).

b. Hazardous materials secured and properly stored. All cleaning fluids, bleach, and other hazardous materials were relocated from low-level cupboards and placed inside a locked chemical storage unit. The adjoining storeroom was reorganised to ensure no hazardous substances are stored at child-accessible levels. A daily safety checklist has been introduced for the kitchenette, covering the storage of sharp utensils, hazardous materials, and equipment condition. Monthly internal safety audits will be carried out by management to ensure ongoing compliance.

c. The light fixture was repaired and the area made safe. The unstable light fixture in the kitchenette area was repaired immediately to eliminate any risk of falling or injury. Additional maintenance checks were carried out to ensure all fixtures are secure. A revised Kitchen Safety Policy has been implemented, emphasising supervision, safe storage, and hazard control. All staff have completed updated training on risk management, supervision requirements, and safe storage procedures. Refresher training will be conducted twice a year.

The following was submitted by the registered provider; Two photographs of plastic boxes containing kitchen equipment, including utensils. A photograph of a daily checklist, which includes the checking of kitchen utensils. A photograph of a sign entering the kitchen area stating 'no children allowed' and a sign within the kitchen area stating 'authorised access only'. The registered provider a photograph of a template with the signatures of 3 staff members stating they received kitchen safety training on 25 November 2025. A copy of an agenda titled 'December meeting training' with the signatures/ attendance of 11 staff members. The template stated that the supervision was discussed and that a copy of staff handbook was provided.

7. A child-specific care plan will now be developed in consultation with the child's parent/ guardian and, where appropriate, relevant health professionals prior to the child attending the service. The care plan will clearly outline the exact steps to be taken in the event of an emergency, the medication dosage, storage, and administration procedures. Staff will be informed immediately of any child-specific care plan, and relevant training will be provided

before the child attends. All care plans for children requiring medication will be individualised and child-specific and reviewed regularly. Staff will receive training and refresher guidance on recognising symptoms and administering emergency medication in line with each child's care plan. Care plans will be reviewed at least annually.

Whenever there is a change in the child's medical needs, management will monitor care plans to ensure they remain clear, accurate, and understood by all relevant staff. A record will be maintained to confirm that staff have read and understand each child's care plan. To prevent any future non-compliance, the service has robust procedures in place for managing emergency medication and care plans should the need arise. The registered provider submitted a template of a medication care plan and a photograph of a consent for the administration of medication record was submitted.

8. The registered provider provided the following actions in response to the non-compliances identified;

a&b The service has reviewed its indoor accommodation arrangements to ensure compliance with regulatory requirements. The changing rooms are no longer used as an indoor play or care space for children. When weather conditions do not permit outdoor play, children aged 4–7 years are accommodated in the main hall.

The hall has been divided into clearly defined, age-appropriate areas, with junior and senior groups separated at all times. Children rotate between designated areas every 40–45 minutes to ensure safe occupancy levels, effective supervision, and appropriate use of space. These measures ensure that children are provided with safe, suitable indoor accommodation in line with Tusla regulations when outdoor play is not possible.

c. Immediate action was taken to review mealtime practices for younger children. Staffing arrangements at mealtimes were clarified to ensure two dedicated staff members are assigned, one responsible for the kitchen and one for serving food. Staff were reminded that mealtimes are a key opportunity for support, supervision, and positive engagement, particularly for children aged 4-6 years. Staff were instructed to actively observe

children's intake and to encourage children to eat appropriately during mealtime. A structured mealtime routine has been implemented for younger children to ensure calm, supported, and engaging mealtimes. Staff are now required to:

- Remain close to children during mealtime
- Engage positively with children
- Encourage balanced eating and appropriate portion intake
- Monitor children who may eat very little or require additional support

The mealtime procedure has been incorporated into staff guidance and daily routines. Ongoing monitoring by the Person in Charge / Deputy Person in Charge will ensure consistent implementation of supportive mealtime practices. Mealtime practices will be reviewed regularly to ensure they continue to meet the needs of younger children.

The registered provider submitted the following supporting documentation; a copy of the service's meal procedure. A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The item of mealtime procedures was included on the agenda.

9. The registered provider submitted the following actions in response to the finding relating to adult and child interactions;
   a. Immediate action was taken to review staff deployment and interaction practices within the indoor hall. The registered provider acknowledged that the number of children present in the hall limited meaningful interactions on the day of inspection. Staff were reminded of the importance of positive, age-appropriate, and responsive interactions, beyond functional or directive communication. Grouping arrangements were reviewed to reduce large group sizes, where possible, to support more meaningful engagement with children. A structured activity rotation programme has been implemented to promote smaller group participation. Activities now include basketball, chess, Lego, art, homework support, speech and drama, soccer, and tennis, delivered on a rotating basis for both indoor and outdoor play. On days of unsuitable weather, an enhanced indoor-only activity plan is implemented to ensure children are divided into smaller groups across multiple activities. Staff are allocated to specific activity groups to support consistent

interaction and relationship-building with children. Staff have received guidance on engaging with children in a positive, supportive, and developmentally appropriate manner.

b. The registered provider reviewed the incident immediately and acknowledged that the child's emotional needs were not appropriately responded to at the time of inspection. Staff were reminded that all children must be observed continuously, not only for safety but also for emotional well-being. Guidance was provided to staff on recognising signs of distress, disengagement, or emotional need, and the requirement to respond with comfort, reassurance, and positive interaction. Staff were instructed to engage proactively with children who appear withdrawn or unsettled and to offer support or reassurance as required. A clear expectation has been set that staff must actively observe children emotional well-being and respond promptly and sensitively.

A staff member was assigned responsibility within each area to actively monitor children's emotional well-being during sessions. This includes observing children for signs of distress, withdrawal, or disengagement and intervening promptly to provide comfort, reassurance, or support. Staff positioning was adjusted to ensure children are within close proximity of staff at all times, enabling immediate emotional support as well as physical supervision.

To reduce the likelihood of this non-compliance reoccurring, emotional well-being and responsive care are now embedded into daily practice. Staff are required to carry out regular emotional check-ins with children, particularly during transitions, free-play, and quieter periods. Emotional well-being is now a standing agenda item at monthly staff meetings and supervision sessions, where expectations, examples of good practice, and areas for improvement are discussed. The Person in Charge monitors staff–child interactions through daily observations and records feedback during supervision to ensure emotional needs are consistently recognised and addressed. Staff deployment is reviewed daily to ensure staff have sufficient time and opportunity to engage meaningfully with children and provide individual emotional support.

The registered provider submitted the following supporting documentation; A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The agenda noted that the staff handbook was provided.

c. Staff have been encouraged and guided to engage children in activities, offer comfort and reassurance when needed, and support children who may be sitting alone or disengaged. Emotional well-being and responsive care are now included as standing items in staff meetings and supervision. Staff deployment has been reviewed to ensure adequate opportunities for staff to build positive relationships and provide individual support. Management will monitor staff interactions regularly to ensure children's emotional needs are consistently recognized and addressed.

d. Following the inspectors request, the registered provider spoke with the child and established that the child had felt unwell when collected from school. The child's parent was contacted on the same day and informed of the child's condition.

Parents/guardians must now be contacted promptly if a child reports feeling unwell or displays signs of illness or distress. Children who are unwell will be: closely supervised, offered comfort and reassurance, and/or separated from group activities where appropriate. Staff have been reminded of their duty of care to prioritise children's health and wellbeing at all times. Management will monitor responses to illness and wellbeing concerns to ensure consistent and timely action. Staff will receive regular reminders and training on recognising and responding promptly to signs of illness or distress in children, delivered on the first Monday of every month. Management will monitor practice to ensure timely and consistent responses to children's wellbeing concerns.

The registered provider submitted the following supporting documentation; A copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 staff members. The agenda listed the 'rotation programme'. The agenda noted that the staff handbook was provided at the meeting. The registered provider submitted a photograph of a template with the signatures of 9 staff members stating they received the service's

safeguarding policy. A copy of staff handbook was submitted, which listed procedures relating to supervision practices indoors and outdoors.

Summary of Findings

Finding 2, Finding 4, Finding 8, Finding 9 (b)(c); Based on the implementation of the actions submitted, it is deemed that the requirement has been met. This will be assessed on the next inspection.

However, the regulatory requirement for Section 58(G) of the Child Care Act 1991 as amended has not been met as follows;

Attendance procedures [Finding 1]; Corrective and preventive actions detailing the measures taken by the service to address the non-compliance were submitted. However, the supporting documentation which was submitted did not demonstrate the implementation of these actions, or that the information was communicated with all staff members. The registered provider submitted a photograph of a template with the signatures of 10 of 17 staff members stating they received the service's drop off and collection policy. In addition, a copy of an agenda titled 'December meeting training' with the signatures/attendance of 11 of 17 staff members.

Fire Safety [Finding 3]; The regulatory requirement was not met as the registered provider did not provide assurances through the actions or supporting documentation submitted. It is noted that there is ongoing engagement with the fire authority and management of the premises.

Safeguarding procedures [Finding 5] This finding remains outstanding as the registered provider did not submit supporting documentation to demonstrate the relevant training completed by the DLP, evidence of staff training, or communication with staff members detailing their roles/ responsibilities regarding child protection reporting procedures.

Risk management in Kitchen area [Finding 6]. It is noted that the registered provider submitted actions detailing the measures in place to reduce the potential risks identified in the kitchen area. Additional preventive actions were requested regarding the physical controls in place. Through a review of supporting documentation submitted by the registered provider, it was

demonstrated that the actions submitted for example c. of this non-compliance were not carried out.

Procedures regarding emergency medication [Finding 7]. This non-compliance remains outstanding as the registered provider did not demonstrate the implementation of the actions submitted.

Positive relationships [Finding 9]. The requirement has not been met for example (a). Additional corrective actions were requested from the registered provider to outline the measures in place for the smaller grouping arrangements, and the enhanced indoor-only activity plan. This was not submitted.