

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015CC323
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Name of Service:	Pathways Childcare Ltd.
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Address of Service:	The Mall, Maryborough Woods, Douglas, Co. Cork
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Eircode:	T12 YH6R
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Name of Registered Provider:	Karen Martin
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Service type:	Full Day, Part Time
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Date of Inspection:	08/07/2026
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No of pre-school children:	AM	43	PM	42
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Address of the Early Years Inspectorate:	Administration Building, St. Mary's Health Campus, Gurranaברה, Cork. T23X440.
Inspection undertaken by:	D Cotter & M Burke
Title:	Early Years Inspectors

Authority to Inspect

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

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Description of service

Pathways Childcare Ltd. service operates as a full day care service. It was purposely adapted as a childcare service and is situated on the ground floor of a building complex in a residential area in Douglas. The service is open from Monday to Friday between 8am and 6pm and provides care to early years children aged between 0 and 6 years of age. The service is also registered to provide school aged care. There are five care rooms in operation namely the Baby, Tumble Tots, Starburst, Busy Bees and the Rainbow rooms. There is a designated sleep room adjacent to the Baby room and 2 designated sleep rooms adjacent to the Tumble Tots room. There is a sixth care room named the Sunshine room which was not in operation on the day of inspection. There is an enclosed outdoor play area provided to the rear and side of the premises.

Staffing

There are 23 adults in total attached to the service. The registered provider is not service based. On the day of inspection there were 16 adults on the premises including the person in charge, the deputy, an adult assigned solely to kitchen duties, a school aged staff member and 12 adults that were working directly with the children.

Methodology

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

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

The findings on inspection are based on:

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

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

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

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

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

Acknowledgments

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

Statutory Notices

Notice	Date Served	Detail
Immediate Action Notice IAN 3161	08/07/2026	Evidence of Garda vetting was not available for one staff member who had direct access to children.
Status	The registered provider submitted a written response with detailed corrective and preventive actions, which were accepted by the Inspectorate. The registered provider has forwarded the processed Garda vetting.	

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Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

- (a) the service has a designated person in charge and a named person who is able to deputise as required,*
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and*

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

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

(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 registered provider has ensured that there was a designated person in charge and a named person who was able to deputise as required.

(b) The person in charge as well as the deputy person in charge were on the premises for the duration of the inspection. The roster for the service demonstrated that at least one of these people were always on site.

(2)

Following a review of previous inspection information, information available on inspection and discussion with the person in charge, it was determined that nine new staff members had been employed since the previous

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inspection, who all work directly with the children. A total of nine files were reviewed. In addition, Garda vetting for seven staff members whose disclosure were identified as due for renewal were requested for review.

(a) Thirteen of the eighteen required references were available from a past employer and had been validated.

(b) Five of the eighteen required references were available and validated from a source other than a past employer.

(c) Garda vetting disclosures had been obtained for 15 staff. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under Regulation 23 of this report.

(d) Police vetting was required and available for five members of staff as they had resided outside of the state for a period of longer than six months.

(4)
Eight staff members held a relevant qualification in Early Childhood Care and Education from Level 5 to Level 8 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent. One school aged staff did not require a qualification.

Non-Compliance Information

(2)
(c) See Statutory Notice section in relation to Immediate Action Notice IAN 3161 served.
(d) International police vetting had not been translated for one member of staff. This poses a risk of an unsuitable adult having direct access to children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) (d)
In her written response, the registered provider stated that care would be taken to ensure international police clearance would be translated as part of the vetting process.

Supporting documentation submitted

A copy of the translated international police clearance was submitted to the inspectorate and the statement by the registered provider was accepted as evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified under Regulation 9 (2) (d) has been adequately addressed.

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Part III – Management and Staff

Regulation 10 - Policies, procedures etc. of pre-school service

A registered provider of a pre-school service shall ensure that the written policies, procedures and statements specified in Schedule 5 are in place for the service.

Compliance Information

On the day of inspection, the following policy was examined:

- Policy on accidents and incidents.

The above policy was observed to contain the relevant details to meet regulatory compliance and guide staff in the safe care of children.

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.

(8) Without prejudice to paragraphs (2) to (7)-

(a) a registered provider of a pre-school service other than a child-minding service or a sessional pre-school service shall ensure that there are at least 2 adults on the premises at all times,

Compliance Information

(1)

The person in charge ensured that there were an adequate number of staff working directly with the children.

(2)

On the day of inspection, the ratio of staff to children was maintained as per the regulations.

The rooms were in operation as follows:

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Morning:

Room name	Type of Service	Age Range	Number of children present	Number of adults required	Number of adults present
Baby Room	Full Day Care	1-2 years	3	1	1
Tumble Tots	Full Day Care	18-24 months	9	2	2
Starbursts	Full Day Care	2-3 years	6	1	2
Busy Bees	Full Day Care	3-4 years	13	2	2
Rainbows	Full Day Care	4-5 years	12	2	3

Afternoon:

Baby Room	Full Day Care	1-2 years	3	1	1
Tumble Tots	Full Day Care	18-24 months	9	2	2
Starbursts	Full Day Care	2-3 years	6	1	2
Busy Bees	Full Day Care	3-4 years	13	2	2
Rainbows	Full Day Care	4-5 years	11	2	3

Type of Service

(8)

The registered provider has ensured that there was a minimum of two staff at all times on the premises. This was evidenced through the staff roster and discussion with staff on the day.

Part IV – Information and Records

Regulation 15 – Record of pre-school child

(1) A registered provider of a pre-school service other than a pre-school service in a drop-in centre or a temporary pre-school service shall ensure that a record in writing is kept in respect of each pre-school child attending the service containing the following particulars:

- (a) the name and date of birth of the child;*
- (b) the date on which the child first attended the service;*
- (c) the date on which the child ceased to attend the service;*
- (d) the name and address of a parent or guardian of the child and a telephone number where that parent or guardian or a relative or friend of the child can be contacted during the hours of operation of the service;*
- (e) authorisation for the collection of the child;*

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- (f) details of any illness, disability, allergy or special need of the child, together with all the information relevant to the provision of special care or attention;*
- (g) the name and telephone number of the child's registered medical practitioner;*
- (h) record of immunisations, if any, received by the child;*
- (i) written parental consent for appropriate medical treatment of the child in the event of an emergency.*

- (3) A record in writing referred to in paragraph (1) or (2) shall be open to inspection on the premises by-*
- (c) an authorised person.*

Compliance Information

- (1) The person in charge advised that a total of 79 children were registered to the service. A sample of 10 child record forms were assessed. Each form included all of the information, as listed from (a) to (i), which met the requirement.
- (3) (c) All 79 records were available for inspection by an authorised person on the day of inspection.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

- (1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:*
- (i) details of staff rosters on a daily basis;*
 - (j) details of any medication administered to a pre-school child attending the service with signed parental consent;*
 - (k) details of any accident, injury or incident involving a pre-school child attending the service.*

Compliance Information

- (1) The registered provider has ensured that a record was kept in relation to:
- (i) A staff roster was maintained with details of all staff start, finish and break times.
 - (k) The registered provider had ensured that a record had been kept of any accident or incident involving a child. A total of 475 accidents and incidents were recorded since September 2025. This was in line with the service policy which stated that all accidents or incidents would be recorded. A sample of 10 files were reviewed and were found to contain the necessary details and had been shared with and signed by parents.

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Non-Compliance Information

(j) The registered provider had ensured that a record has been kept of any medication given to a child. A total of 49 files were reviewed in relation to the administration of medication. Of these, 14 had not been signed by a parent. Failure to correctly share information on the administration of medications with parents or caregivers poses a risk to the safety of children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

In her written response the registered provider stated that all staff had been reminded of the importance of ensuring parents or guardians sign the administration of medication form.

Supporting documentation submitted

A copy of the policy shared to staff was submitted, along with photographic evidence of reminders for staff hung on the walls of the care rooms.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified under Regulation 16 (j) has been adequately addressed.

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 external doors were appropriately secured to prevent children from exiting unsupervised.
- The external doors were secured to restrict unauthorised access.
- Cleaning agents observed on inspection were stored out of the reach of the children.
- The blind cords observed were secured.
- The children's bags and coats were stored safely off the floor.
- Windows in each care room had been made safe to prevent children from exiting or falling.
- Highchairs in the baby room were in a good condition and had been fitted with safety harnesses.
- The outdoor area was securely fenced to prevent unauthorised access.

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- Flexes and cables were observed to be out of reach of children.
- Care was taken to ensure children were safe in the heat including moving play equipment to shaded areas, ensuring children had sunhats and cold drinks.

Infection Control:

- Pedal operated bins were in use throughout the service.
- Each bathroom and nappy changing area were fitted with liquid soap and paper towels.
- Nappy changing areas were supplied with disposable gloves and aprons.
- Each nappy changing area observed was equipped with clean and intact nappy changing mats with the surrounding areas maintained in a clean condition.
- Barrier creams were individually labelled.
- Perishable food was safely refrigerated.
- Windows were open in the care rooms to aid natural ventilation.
- The linen used for the cots observed on inspection was noted to be clean.

Safe Sleep:

- The inspector observed the staff conducted physical sleep checks on the children who slept in the sleep room in the Tumble Tots room during the inspection.
- Through discussion with staff, it was noted that staff were knowledgeable about safe sleep and were aware of signs of heat distress in young children.
- Staff remained with the children who slept on cot beds in the Starburst room.
- Cots were spaced above the required 50cm apart.

Fire Safety:

- Fire doors were noted to be free from obstruction on the day of inspection.

Non-Compliance Information

General Safety:

1. Garda vetting was available for one staff member. However, this vetting disclosure was not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'.
2. Water temperatures in the hand-washing basins allocated to the Busy Bee room were recorded between 48°C and 48.8°C. This posed a risk of scalding to the children.
3. Low level doors and windows were not fitted with visibility strips in the Tumble tots and Starburst rooms as observed on the day of inspection. This poses a risk of injury to children.

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Infection Control:

4. Sanitary accommodation in the rainbow room had not been adequately cleaned after use by children. As observed on the day of inspection, toilets were unflushed and an empty bottle of soap was behind the door. A layer of dust covered the ventilation and heating units. A signed cleaning rota on display in the care room stated that the bathroom had been cleaned, but this was observed to not have occurred. Failure to ensure hygiene is maintained in sanitary accommodations poses a risk of infection to children.

Safe Sleep:

5. Contrary to safe sleep guidance, temperatures in cot rooms were elevated to unsafe temperatures while children over one year were sleeping. It was noted that in the cot room 1 the temperature was recorded at 25.4°C and in cot room 2 the temperature was recorded at 25.3°C at 1.40pm. It is acknowledged that there were elevated outside temperatures and that staff had taken steps to reduce the temperatures including, the use of fans and mechanical ventilation, opening windows and doors, and increased supervision of sleeping children. These increased temperatures while children are sleeping, pose a risk to the safety of children.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. In her written response, the registered provider informed the inspectorate that the staff member no longer works in the service.
2. In her written response, the registered provider stated that a plumber had been contracted to fit valves to allow the hot and cool water to mix.
3. In her written response the registered provider stated that visibility strips had been put in place.

Infection Control:

4. In her written response, the registered provider stated that the sanitary accommodations, including the air vent and heater, had been thoroughly cleaned.

Safe Sleep:

5. In her written response, the registered provider detailed the purchase of extra fans, and also bringing the cots out of the sleep room and into the cooler care room should temperatures range above acceptable levels in future.

Supporting documentation submitted

General Safety:

1. The registered provider statement is accepted as proof.

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2. An invoice for the services of a plumber and photographic evidence of running water within the required temperatures.

3. Photographic evidence of windows and doors fitted with visibility strips.

Infection Control:

4. Photographic evidence of clean air vent, heater and sanitary accommodation.

Safe Sleep:

5. Photographic evidence of new fans and cots in the main care room were submitted.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 23 have been adequately addressed.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

A registered provider shall ensure that the premises of the service are-

- (c) kept adequately lit, heated and ventilated*
- (d) cleaned, maintained and repaired, as required, and*
- (e) equipped with adequate and suitable sanitary facilities.*

Compliance Information

(c) Each of the care rooms in use were adequately lit by ceiling lights fitted with protective covers. The sleep rooms were appropriately dimmed for sleep through the use of blinds. On the day of inspection, all windows were open in each care room, and mechanical ventilation was in use in the sanitary accommodations.

(e) Sufficient and suitable sanitary facilities were available for children. Toilets were partitioned for privacy and there were sufficient nappy changing facilities within the premises. A total of 8 washbasins and 8 toilets for children were recorded by the inspector. In addition, there were 4 nappy changing units and 4 washbasins in the nappy changing area. There were sufficient and suitable sanitary facilities for the number of staff members working on the day of inspection.

Non-Compliance Information

(d)

- In the Busy bees sanitary area, there was a rusty radiator in one of the toilet cubicles. On the day of inspection, this radiator was not in use, but in need of repair.

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- In the nappy changing room which services the Busy bees and the Baby room, the undercounter doors of the two nappy changing units were partially hanging from the hinges when opened. The identified doors were need in need of repair.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

In her written response the registered provider stated that the doors had been repaired, and the radiator had been painted. The registered provider further stated that staff had been asked to report any maintenance issues as they arise.

Supporting documentation submitted

Photographic evidence of the repaired doors and radiator were submitted as evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified under Regulation 29 (d) has been adequately addressed.