

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2026DN002
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Name of Service:	Fonthill Lodge Childcare
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Address of Service:	Unit 3, The Local Node Building, Parkleigh Drive, Seven Mills, Clonburris, Dublin 22,
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Eircode:	D22XE6N
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Name of Registered Provider:	Conor Lynch, Maurice Lynch
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Service type:	Full Day, Part Time, Sessional
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Dates of Inspection:	02/07/2026
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Date 2 of Inspection:	06/07/2026
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No of pre-school children:	AM	33	PM	37
Day 2	AM	38	PM	39

Address of the Early Years Inspectorate:	Early Years Inspectorate, Floor 7 Brunel Building, Heuston South Quarter, St. John's Road West, Kilmainham, Dublin 8
Inspection undertaken by:	H Sutherland and L Magee
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

Fonthill Lodge Childcare is a private preschool service located in a residential area in Clonburris, Lucan County Dublin. The service operates from the ground floor and part of the first floor of a three-storey building. Full day. Part-time and sessional care and education are provided to children age 1 to 6 years. Opening hours are 7.30am to 6.30 pm Monday to Friday. The premises comprises of seven care rooms, a sleep room, and an outdoor area to the rear of the building. Four care rooms were in operation on the day of the inspection; the Nest, Bumblebee, Caterpillar and the Yellow room.

Staffing

There are currently 15 adults employed in the service including the person in charge, 13 early years educators and a cook. On the first day of inspection the inspectors observed 12 adults in the service including the person in charge, a cook and 10 staff members working directly with the children. The general manager arrived after the inspection commenced and remained present to facilitate the inspection. On day two of the inspection there were 14 adults present including the area manager, 11 early years educators, a cook and an adult on an educational work placement programme. The registered providers do not work in the service.

Methodology

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

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

The findings on inspection are based on:

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

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

The inspection focused on an examination of compliance under Regulations 9 Management and recruitment, 11- Staffing levels, 19 Health, welfare and development of child, 23 Safeguarding health, safety and welfare of child and 27 Supervision; however, on inspection additional non-compliance which posed a risk was identified under Regulation 33 Furnishing of information to agency. These findings are outlined within the relevant regulations within this report.

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

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

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

Additional Information

Day two of the inspection was triggered by information submitted to the inspectorate on the 2 July 2026. Please refer to the information under Regulation 33 of this report.

A regulatory compliance meeting (RCM) was held with the service on 8 September 2026 to address the non-compliance found on inspection.

Acknowledgments

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

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Statutory Notices

Notice	Date Served	Detail
Immediate Action Notice IAN 3881	06/07/2026	Evidence of Police Vetting for one adult was not available, the adult had access to children. The Police vetting disclosure must be submitted to the Early Years Inspectorate prior to the person having access or contact with children.
Status	Action was taken by the registered provider following service of the notice. The service submitted a written response which detailed corrective and preventive actions undertaken which were accepted by the inspectorate.	
Improvement Notice IN 3861	06/07/2026	Evidence of Garda Vetting was not available for one staff member who had access to children. The Vetting disclosure must be submitted to the Early Years Inspectorate prior to the person having access or contact with children.
Status	Action was taken by the registered provider following service of the notice. The service submitted a written response which detailed corrective and preventive actions undertaken which were accepted by the inspectorate.	

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Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

- (a) the service has a designated person in charge and a named person who is able to deputise as required,*
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and*
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.*

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

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

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

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

Compliance Information

- (1)**
- (a) The service had a designated person in charge and a named person to deputise as required.
 - (b) The designated person in charge was present when the inspectors arrived unannounced at the service on both days of inspection. A review of the staff roster showed that a designated person was on the premises at all times during the opening hours of the service.
 - (c) The service had a clear management structure and staff were aware of their roles and responsibilities.
- (2)** Following a discussion with the person in charge on day one of the inspection it was determined that 13 adults were currently working in the service. However, on day two of the inspection it was confirmed that 2 staff

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members and an adult on an educational work programme were also working in the service. Documentation required under Regulation 9 (2), (3) and (4) was reviewed for 16 staff members as detained below. Additionally, documentation required under Regulation 9 (2) and (3) was reviewed in respect of the adult on the work placement programme.

- (a) Twenty-eight written and verified references were available from past employers.
- (b) Four written and verified references were available from sources other than past employers.
- (c) Garda vetting disclosures were available for 16 adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
- (d) A review of documentation for 10 adults, identified that International Police vetting was required.

The required documentation was available for 9 of these adults.

(4) Documentation was available to show that the 15 adults who worked directly with children held at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications, or a qualification deemed equivalent by the Department of Children, Disability and Equality (DCDE). Two of the adults did not require a qualification.

Non-Compliance Information

- (2)
- (a) (b) There were two unvalidated references available for one adult; however, neither were from a previous employer or a reputable source. Both references were unsuitable as they were provided by individuals who identified themselves as friends.
 - (c) See Statutory Notice section in relation to Improvement Notice 3861 served.
 - (d) See Statutory Notice section in relation to Immediate Action Notice 3881 served.
- (3) Documentation reviewed showed that the procedures specified above under Regulation 9(2) had not been carried out prior to three adults commencing employment in the service as detailed below and above under (2) (a), (b), (c) and (d).
- One adult commenced employment in the service on 22 June 2026 prior to receipt of their Garda Vetting which was received by the service on 6 July 2026.
 - The registered providers did not appropriately consider the employment history available for two of the adults. The documents provided for review did not contain sufficient timelines of information to determine the adults suitability to work with children.

Failure to verify adults suitability before they have access to children increases the risk that unsuitable individuals may have contact with or access to children.

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Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2)
- (a) (b) Two validated references were provided for the adult. Management carried out an audit of on all staff files to ensure all of the required documentation was present. No adult will commence work in the service until the general manager has verified that all mandatory recruitment documentation has been received and approved.
- (3) Documentation confirming employment history verification and outstanding recruitment documentation has been obtained. The registered provider stated that no adult will commence duties until every requirement under Regulation 9 has been fully completed. The manager cannot authorise a start date until a recruitment compliance checklist has been signed. The general manager will complete scheduled recruitment audits to ensure compliance.

Supporting documentation submitted

Staff records received
Recruitment policy

Summary Comment

The actions have been deemed appropriate in addressing the non-compliances. The effectiveness of the actions will be assessed on the next inspection.

Part III – Management and Staff

Regulation 11 - Staffing levels

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

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Compliance Information

- (1) On both days of inspection, there were an adequate number of adults working directly with the children to meet their care needs.
- (2) The registered providers ensured that the minimum ratio of adults to children was maintained on both days of inspection. There were 33 children present in the service on day 1, supervised by 10 adults and 38 children present on day 2 supervised by 11 adults.
- (8) (a) The roster provided to the inspectors by the person in charge showed that a minimum of two staff members were on the premises at all times during the operation of the service.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

- (1) A registered provider shall, in providing a pre-school service, ensure that-*
- (a) each child's learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and*
- (1) A registered provider shall, in providing a pre-school service, ensure that-*
- (b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.*

Compliance Information

The registered providers ensured that appropriate and suitable care practices were implemented throughout the pre-school service and each child's learning, development and well-being was supported as follows:

The service had a healthy eating policy and meals and snacks were provided by the service and were offered to children at regular intervals throughout the day. Children were observed eating homemade pizza wraps and garlic bread for their morning snack and staff reported that mince, onion, vegetables, pastry and mashed potatoes was on the menu for lunch. Self-feeding was encouraged for younger children and staff were available to provide support where required. Additional portions of food were available for children requesting more. Staff also reported that alternative options, such as fruit and crackers were available should a child decline their meal. Drinking water was stored at a level that was visible to children and was observed to be freely available throughout the inspection.

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Children's nappies were changed on a schedule and as required. Staff responded promptly to children requiring a nappy change outside of the routine times and interacted attentively while carrying out the care practice. Staff in the Nest room reported that children slept in accordance with their individual routines. Staff stated that one child currently requires two naps per day, while the rest of the children sleep at a designated time after lunch with opportunities to rest at other times if required. Children in the Bumblebee and Caterpillar rooms slept at a designated time after lunch and staff confirmed that children could sleep outside of these designated times if they displayed signs of tiredness. Children were made comfortable for sleep, with staff removing their shoes and outer clothing where appropriate. Staff were attentive and responsive to children during their transition to sleep; they remained next to some of the children and provided comfort and reassurance. Cosy areas were available in each of the care rooms, allowing children to take a break from activities and rest when required.

Staff interacted with children in a warm, sensitive manner and were observed and responding to children's nonverbal cues for social interaction. Staff reported that parents/guardians were provided with daily informal opportunities to share information about their child's daily experiences and development. In addition, the service uses an online application to share information relating to children's sleep, nappy changes, meals and activities. Staff also advised that parents/guardians could avail of formal opportunities to exchange information with staff where required.

The indoor environments were comfortable, welcoming and arranged to accommodate the needs of the children and adults within the service. Tables and chairs were appropriately sized for children, allowing them to sit comfortably during mealtimes and activities. Storage units were positioned at children's level, enabling them to independently access and return items of interest with ease. Resources available throughout the care rooms included books, construction materials, small world materials such as animals and cars, home corners and props, musical instruments and puzzles. These materials can support children's language, imaginative play and cognitive development. Children attending the Nest room had access to a ball pool and a climbing structure with steps and a ramp to support gross motor development. Adult size armchairs were available to enable staff to sit comfortably while comforting or feeding children.

The outdoor environment contained a variety of equipment to support children's sustained engagement, including bikes, ride on toys, push along toys, a kitchen, balls, a sand table and a climbing frame. Staff reported that each room had a scheduled access to the outdoor area. These resources can support children's physical, language and social development by promoting active and cooperative play.

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Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Compliance Information

General Safety:

- The entrance door to the service was adequately secured to prevent unauthorised persons from entering and to ensure children could not exit unsupervised. Access for visitors was controlled through a ring doorbell system and a keypad entry system was used to allow staff and parents/guardians access to the service.
- Cleaning agents and medication were stored safely out of children's reach on high shelves.
- Internal blinds were safe and fitted correctly, with blind cords secured and out of reach of children.
- The toys and play equipment in use on the day of the inspection were in good condition and free from pinch and crush points.
- The staircase was adequately lit, the floor covering was non-slip, and appropriate handrails were in place.

Infection Control:

- The service was visibly clean and well maintained. Cleaning schedules were available on an online application in use in the service.
- Pedal operated bins were in use in the sanitary areas to support the safe disposal of waste.
- Liquid soap, warm water and single use paper towels were available at wash hand basins.
- Individual storage was provided for children's personal belongings. For example, children had individual hooks for their coats and bags and individual storage bags for their bed linen.

Administration of Medication:

- Detailed care plans were in place for children requiring emergency medications and staff were aware of the contents of these plans.

Safe Sleep:

- Staff were observed to carry out physical checks on sleeping children every ten minutes.
- A sleep log was available for review, detailing the room temperature, breathing pattern, colour and position of the child. Staff remained in the room with all children who slept in cots, floor beds and sleep mats.
- The temperature of the rooms where children slept were maintained at the required temperature range.

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Fire Safety:

- Staff adequately detailed the procedure to safely evacuate children from the service in the event of a fire.
- The designated fire escape routes were clearly marked and free from obstruction on the day of inspection.

Non-Compliance Information

General Safety:

1. During the transition to sleep in the Caterpillar room, staff were observed bringing floor beds into the room, placing them in an upright position against the wall while preparing the sleep environment. The care room was busy and some children were moving freely around the environment. One of the upright floor beds subsequently fell on top of a child resulting in the child falling to the ground and bumping their head. Unsafe handling and storage of floor beds during sleep transitions increases the risk of injury to a child.
2. During discussions with the inspectors, staff in the Nest, Bumblebee and Caterpillar room reported that a microwave is used to heat children's bottles when required. This practice was at variance with services food hygiene policy which states a bottle warmer should be used to heat bottles. This poses a risk of harm to a child as heating bottles in a microwave can result in the formation of hot spots within the milk increasing the risk of scalding when feeding.

Infection Control:

3. There was no system in place for the effective sterilisation of soothers within the Nest, Bumblebee and Caterpillar rooms. Staff in the Nest room, Bumblebee room and Caterpillars room reported cleaning soothers with water and other cleaning materials which are ineffective in the sterilisation of soothers. The above practices pose a risk of illness to a child.
4. Handwashing practices were inadequate to control the spread of infection as follows:
 - A staff member was observed cleaning the changing mat after changing two children's soiled nappies and did not wash their own hands after completing the task.
 - A staff member did not remove the gloves used to change children's nappies during the process. The soiled gloves were not removed prior to redressing the children and during one nappy change the staff member held the child's hand while wearing the soiled glove. The staff member did not wash their own hands or the child's hands following the completion of the nappy changing process.

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The above practice is at variance with the services nappy changing policy and poses a risk of the spread of infection.

Administration of Medication:

5. Emergency medication stored in the Yellow room and the Bumblebee room were not stored in the original container marked with the child's name, date of prescription, name of the dispensing pharmacist, prescribed dosage, expiry date and clear directions for administration, and for storage as required.
6. A care plan available for a child with a serious medical condition in the Bumblebee room was incomplete. When the inspector reviewed the record, it was identified that the care plan had not been signed by the parent.
7. There was no administration of medication consent forms available for two children that had been administered medication in the Nest room. Records were available detailing the dates and times children were administered the medication however when the inspector asked the staff to provide the medication consent forms staff stated that they had been handed into the office. Subsequently the person in charge informed the inspector that there was no administration of medication consent forms completed by the parents. The absence of documented parental consent increases the risk of medication errors, posing the risk of harm to a child.

The above practices were at variance with the services administration of medication policy which states that parents must complete a medication consent form for prescription and non-prescription medication. The policy also states that medication will not be administered without written consent.

Safe Sleep:

8. It was observed that a child under the age of 24 months attending the Nest room was sleeping on a floor bed. However, no individual sleep plan was available for the child. This practice was at variance with the services safe sleep policy which states that a sleep plan will be completed prior to transitioning a child to a floor bed. In the absence of a sleep plan, inspectors were unable to determine that the child's sleep arrangements had been assessed, agreed with the child's parents and implemented in accordance with the child's individual needs and stage of development. The absence of a sleep plan may result in unsafe sleep practices and pose a risk to the child's safety and wellbeing.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. Staff ceased the practice of storing floor beds upright during sleep preparation. All staff received immediate instruction regarding the safe handling and storage of sleep equipment. The incident was discussed as a learning exercise during a staff meeting, reinforcing safer practice during room transitions.
2. The registered providers stated that staff have been provided with guidance on the correct procedure to warm children's bottles. Staff reviewed and discussed safe bottle warming practice at staff meeting and visual signs were placed on all microwaves as a reminder. The new employee induction was updated to include reference to this practice.

Infection Control:

3. Following the inspection findings, the service reviewed their procedures for the cleaning and sterilisation of soothers with all staff during a formal staff meeting. Soother sterilising trees have been ordered and are awaiting delivery.
4. Nappy changing and the infection control policies were reviewed at a staff meeting. The staff members involved received direct supervision, instruction and competency assessment in relation to the procedure. Laminated visual guidance outlining the correct nappy changing and hand hygiene procedures have been displayed at every nappy changing station within the service. Additionally, the procedure has been incorporated into the induction programme for new staff. The person in charge will continue to monitor practice through regular observations during routine supervision and will address any variations in the agreed procedure immediately.

Administration of Medication:

5. Labelled emergency medication has been obtained for the two children. The administration of medication permission form has been revised and now requires staff to confirm that all medications supplied in its original labelled pharmacy/manufacture's container, is within its expiry date, has clear dosage instructions and appropriate storage requirements before it is accepted into the service. The revised form includes a medication verification checklist to be completed by the management prior to accepting any medication from a parent. Medication that does not meet these requirements will not be accepted. The updated procedure was reviewed with all staff at a staff meeting, and staff signed to confirm their understanding of the revised requirements.

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6. The parents signature was obtained. Care plans will be completed in full by the parent and checked by management before being issued to the team. Management sent out a memo to all staff and will review care plans periodically to ensure they are complete, current and appropriately authorised.
7. The administration of medication consent procedure was reviewed with staff in the Nest room and a memo was sent to all staff advising that medication must not be administered unless the parent has completed and signed the required record. Management will carry out routine checks on administration of medication forms.

Safe Sleep:

8. Following the inspection, the child was returned to sleeping in a cot. Staff were informed of the correct procedure and requirement to have discussions with parents before moving a child to a floor bed at the staff meeting.

Supporting documentation submitted

General Safety:

Staff meeting minutes

Infection Control:

Nappy changing visuals

Soother cleaning visuals

Bottle heating sign

Administration of Medication:

Administration of medication form

Photographs of labelled medication

Signed care plan

Staff memo

Safe Sleep:

No evidence submitted

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Summary Comment

The actions have been deemed appropriate in addressing the non-compliances. The effectiveness of the actions will be assessed on the next inspection.

Part VI - Safety

Regulation 27 – Supervision

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

Compliance Information

Throughout the inspection, the inspectors observed that staff maintained appropriate supervision of children. This included oversight during mealtimes, nappy changing, activities and outdoor play, and transitions between activities.

Part IX - Inspection and Enforcement

Regulation 33 – Furnishing of information to agency

A registered provider shall furnish the Agency with such information as the Agency may reasonably require for the purpose of enforcing and executing these Regulations and the information shall be in such form, if any, as may be specified by the Agency.

Non-Compliance Information

The inspectors were not furnished with all of the information reasonably required to execute and enforce the regulations. The files of two staff members and an adult on an educational work placement programme were withheld from the inspectors on the 2 July 2026, despite the person in charge being requested to provide files for all adults working within the service. Furthermore, the staff roster for the week of 29 June 2026 provided to the inspectors did not include the names of these three adults, preventing the inspectors from establishing an accurate account of all adults working within the service at the time of the inspection.

Following receipt of information submitted to the inspectorate on the evening of the 2 July 2026, together with a review of documentation and discussions with staff on the 6 July 2026 it was established that the two adults had in fact been present in the service on the 2 July 2026 and were subsequently moved to another location. A review of the staff roster circulated to the team via email on the week of the 29 June 2026 further confirmed that one of the adults had been omitted from the roster provided to the inspectors on the 2 July 2026. Two of the adults were not recorded on any of the rosters provided. It is acknowledged that on 6 July 2026 the inspectors were provided

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with the files of all three adults including additional records to allow the inspectors to establish the days and hours the adults were present in the service.

Failure to provide the files of adults working in the service and the omission of the three adults from information presented to the inspectors, prevented the agency from obtaining a complete and accurate account of the adults working in the service at the time of the inspection. This impeded the inspectors ability to verify compliance with safeguarding requirements, increasing the risk that unsuitable individuals may have access to children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Immediately following the inspection, the registered providers stated that they undertook a comprehensive internal investigation into the circumstances surrounding the information provided to the Early Years Inspectorate during the inspection process. The investigation confirmed that mandatory recruitment procedures had not been followed for a number of individuals and that inaccurate staffing information was presented during the inspection. Enhanced management supervision and weekly performance improvement compliance monitoring have also been implemented. All outstanding recruitment documentation was obtained, individuals without the required statutory documentation were removed from duties until compliant.

Responsibility for oversight of all recruitment processes has now transferred to the general manager. An organisation-wide audit of all recruitment files has been completed to verify compliance with statutory requirements. Recruitment compliance audits have been introduced and will continue as part of ongoing management oversight. Staff attendance records, daily rosters and personnel records are now cross-checked by management to ensure consistency and accuracy.

Management have been reminded of their statutory responsibility to provide inspectors with complete, accurate and timely information at all times, and this expectation has been reinforced through supervision and performance management.

Supporting documentation submitted

Governance training records

Summary Comment

The actions have been deemed appropriate in addressing the non-compliances.