| **This is an opportunity to correct any factual inaccuracies in the Tusla Early Years Inspectorate Inspection Report. Please record the details of any Factual Accuracy Corrections to the draft report in the format below (typed only) and forward this form, together with the supporting evidence to the Early Years Inspector within 10 working days.** |
| --- |
| ***Factual correction – Please tick as appropriate ✓*** |  | **Suggested factual correction** | **Please include details of supporting evidence** |
| **Tusla ID Number** |  |   |   |
| **Names** |  |   |   |
| **Addresses** |  |   |   |
| **Type of Service Offered** |  |   |   |
| **Dates of Inspection** |  |   |   |
| **Number of Children**  |  |   |   |
| **Number of Adults**  |  |   |   |
| **Garda & police Vetting** |  |   |   |
| **Insurance Certificate(s)** |  |   |   |
| **Any other factual element not detailed above.** |  |   |   |
| **Signature by Registered Provider or Designated person** |   |  **Date submitted** |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Service** |   | **Tusla Identifier Number:** |   |
| **Address of Service** |   | **Date of Inspection** |  |
| **Date of Issue of Factual Accuracy Form**  |   |

***For Tusla Internal Office use only:***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Factual corrections reviewed by Early Years Inspector on ( date) :****Early Years Inspector Recommendation**

|  |
| --- |
|   |

(Signed and Dated by Early Years Inspector(s))

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name**  | **Signature** | **Date** |
| **Early Years Inspector** |   |   |   |
| **Early Years Inspector** |   |  |   |

**Inspection & Registration Manager Overview:****Outcome:** |
| **Factual accuracy accepted/not accepted**  | **Rationale for acceptance/non acceptance**  |
|   |   |
|   |   |
|   |   |
|   |   |

 **Acceptance and Approval**

(Signed and Dated Inspection and Registration Manager)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name**  | **Signature** | **Date** |
| **Inspection and Registration Manager** |   |   |   |
| **Report Update Required?**  |  |
| **If Yes, Insert Date of Update Completion:** |   |

**Correspondence forwarded to Registered Provider regarding Factual Accuracy.**

|  |  |
| --- | --- |
|  |  ***If yes, Insert date***   |