

# Early Years Inspectorate Regulatory Report

## Pre School

**TUSLA Identifier:** TU2015CE092

**Name of Service:** Cairde Early Learning Centre

**Address of Service:** Inis Clair, Kildysart Road, Clarecastle, Co. Clare

**Eircode:** V95 TXN3

**Name of Registered Provider:** Noreen Murphy

**Service type:** Full Day, Part Time, Sessional

**Date of Inspection:** 15/04/2025

<b>No of pre-school children:</b>	AM	29	PM	29
-----------------------------------	----	----	----	----

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate Tusla Child and Family Agency Primary Care Centre Station Road Ennis County Clare
<b>Inspection undertaken by:</b>	Á. McCarthy & S. Meehan
<b>Title:</b>	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).

<b>Conditions if applicable</b>	Not applicable
---------------------------------	----------------

### Description of service

Cairde Early Learning Centre is located in a residential area on the outskirts of the village of Clarecastle, in County Clare. The service was established in 2006 and changed ownership to the current owner in 2018. Full day, part time and sessional care for children ranging in age from one to six years is facilitated Monday to Friday from 08:00 to 17:30. The single storey childcare facility consists of three care rooms that include: a wobbler room, a toddler room and a pre-school room, an office, a kitchen, and sanitary facilities. An enclosed outdoor play area is located to the side of the building.

### Staffing

On the 15 April 2025 the area manager, the service manager and five adults were working directly with the children in attendance. The registered provider does not work directly with the children and was not present during the inspection.

### Methodology

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

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

The findings on inspection are based on:

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

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

Regulation 9 – Management and recruitment (1)(a)(b), (2)(a)(b)(c)(d) and (4)

Regulation 11 - Staffing levels (1) (2) (8)(a)

Regulation 16-Record in relation to pre-school service (1)(g)(h)(i)

Regulation 19 - Health, welfare and development of child (1)(a)

Regulation 23 - Safeguarding health, safety and welfare of child

Regulation 25 - First aid (1) (2)(a)(b)

Regulation 26 - Fire safety measures (1)(a)(b)(4)

Regulation 28- Insurance

Regulation 29 –Premises (d)

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

16 April 2025

An immediate action notice was issued to the registered provider in response to a significant risk found on inspection under Regulation 23 Safe Sleep and Administration of Medication. Further additional information was requested by the Inspectorate in relation to the immediate action notice. An adequate response was provided by the registered provider on the 23 April 2025.

16 April 2025

A referral was issued to the local authority fire department in relation to concerns found under Regulation 23 Fire Safety.

### Acknowledgments

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

### 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 manager was the person in charge and a person was available to deputise in their absence.

(b)

The manager and a named person to deputise was available at all times during the inspection.

(2)

Eight files were available in respect of the registered provider, the area manager and the adults employed by the service. The findings included the following:

(a)

Eleven written and validated references from past employers in respect of adults working in the service were available.

- (b)  
Three written and validated references were available in respect of adults working in the service from a source other than a past employer.
- (c)  
Garda vetting disclosures were available in respect of the adults employed by the service. The service demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
- (d)  
International police vetting with evidence of certified translation were available in respect of six adults working in the service who had lived in another State for a period longer than six months as an adult.
- (4)  
The adults working directly with the children held Early Childhood Care and Education qualifications ranging from Level 5 to Level 8 on the National Framework of Qualifications or a qualification deemed by the Minister to be equivalent.

## Non-Compliance Information

- (2)(a)(b)  
The registered provider did not ensure that the following vetting procedures were completed prior to the adults commencing in the service in accordance with the service's recruitment policy:
1. Two references with evidence of validation were not available in respect of two adults working in the service.
  2. Eight of the sixteen available references were not validated.
- (d)  
International police vetting with evidence of certified translation was not available in respect of one adult working in the service who had lived in another State for a period longer than six months as an adult.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

- (2)
- (a) All references have been received and forwarded to TUSLA after the inspection.
  - (b) The eight references were all validated.
  - (d) The outstanding police clearance was translated and sent to the inspector.

- (2).
- (a) The service has created a checklist for all staff prior to employment to ensure all required documents are received and validated before employment commences
- (b) The service now uses company specific validation forms. All references will be validated on these forms prior to employment. This is also noted on the checklist.
- (d) All staff to submit their relevant police clearance prior to employment. This has also been added to the checklist.

**Supporting documentation submitted**

(2)(a)(b)(d)

Copy of references.

Copy of validation records.

Copy of validation form.

Copy of police clearance certificate.

**Summary Comment**

Based on the corrective and preventive actions and supporting documentation submitted by the registered provider the non-compliance under Regulation 9 (2)(a)(b)(d) should address the areas of non-compliance.

**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)  
During the inspection an adequate number of adults worked directly with the children in attendance.
- (2)  
On the 15 April 2025, the ratio of adults caring for children was maintained. Seven adults cared for the twenty-nine children in attendance.
- (8)(a)  
The staff roster indicated that more than two adults were available in the service at all times.

### 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:*

- (g) the policies, procedures and statements the service is required to maintain in accordance with Regulation 10;*
- (h) details of attendance by each pre-school child on a daily basis;*
- (i) details of staff rosters on a daily basis;*

### Compliance Information

- (1)
- (g)  
A sample of the required service’s policies was reviewed and adequately recorded the required particulars in accordance with Regulation 10. These included the recruitment policy, the outings policy, the administration of medication policy and the safe sleep policy.
- (h)  
The children’s daily arrival and departure times were detailed on the electronic childcare application device.

### Non-Compliance Information

- (1)(i)  
The staff roster for the week ending 18 April 2025 did not accurately reflect the adults working directly with the children in the service during the inspection. One adult working directly with the children was not detailed on the

staff roster. One adult detailed on the staff roster no longer works in the childcare facility. An inaccurate staff roster could lead to inadequate supervision, compromising children’s safety and wellbeing.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(1)(i)

A new roster has been created to include all staff working in the service – detailing the staffs full name, shift, lunch break time and lunch cover.

The creche has now implemented a rotating roster which is displayed on the office door. All of the before mentioned details are visible on the roster. If and when a staff member leaves, starts employment in the creche, the roster will be updated immediately to reflect the change.

### Supporting documentation submitted

(1)(i)

Copy of staff roster.

## Summary Comment

Based on the corrective and preventive actions and supporting documentation submitted by the registered provider the non-compliance under Regulation 16 (1) (i) should address the area of non-compliance.

## Part V - Care of Child in Pre-school Service

### Regulation 19 - Health, welfare and development of child

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

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

## Compliance Information

(1)(a)

### Basic Needs of Children:

Three pre-school rooms were in operation. The adults interacted with the children in a kind manner. The adults encouraged the children to be independent with their personal belongings, while using the toilet, during activities and while feeding themselves. The adults supervised and treated the children in a respectful manner during nappy

changes and toileting. Adults were observed to be caring towards the children, holding and comforting them when required. The children transitioned in a calm and relaxed manner from the indoor to the outdoor environment. Children sat together and conversed during mealtimes. The parents provided their snacks, and a hot meal of sweet and sour chicken, peppers and rice was provided by the service. Water was freely available and accessible to the children in each care room throughout the day. Additional food was provided when the children requested more food. Appropriate crockery and utensils were provided at mealtimes.

### Non-Compliance Information

(1)(a)

#### Basic Needs of Children:

- Provisions for children's sleep requirements were observed to be service-led rather than child-led. The adults stated that the children's sleep period commences at 12:30. At approximately 11:30, two children in the toddler room were displaying signs of tiredness including crying, rubbing their eyes, closing their eyes and clinging to an adult. The children were not placed to sleep until approximately 12:30. At approximately 12:10hrs, a third child attending the toddler room was observed crying and clinging to an adult and displaying signs of overtiredness. The child was placed to sleep at 12:30. Failure to facilitate children to sleep according to their needs may impact negatively on their emotional and cognitive development.

### Corrective & Preventive Action submitted by the Registered Provider

#### Corrective and Preventive Action

(1)(a)

Mats are now available to all children in the service at any stage of the day if they require a rest or show signs of tiredness. All staff have been made aware and encouraged to look out and pick up on the cues of when a child is showing tiredness. Both inhouse and external safe sleep training has taken place. The topics covered within these courses will help to ensure we prevent this non-compliance going forward.

#### Supporting documentation submitted

(1)(a)

Photographic and documentary evidence.

### Summary Comment

Based on the corrective and preventive actions and supporting documentation submitted by the registered provider the non-compliance under Regulation 19(1)(a) should address the area of non-compliance.

### 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 internal and external entrances were secured by a bell operated and camera surveillance system to monitor the safe entry and exit of the children to and from the childcare facility.
- The designated outdoor area was secured with high concrete walls and a gate to protect the children within.
- The highchairs were fitted with safety harnesses.
- Looped blind cords on the windows were secured and out of reach of the children.
- Protective covers were placed over the radiators.

##### Infection Control:

- The indoor and outdoor environments were maintained in a clean condition.
- The sanitary facilities were equipped with warm running water at the wash hand basins, liquid soap, hand paper towels and lined, lidded pedal operated bins.
- The pre-school children washed their hands after activities, after using the toilet and before mealtime.

#### Non-Compliance Information

##### General Safety:

1. A damp patch was observed above exposed hanging wires located over a doorframe in the children's sanitary facility. This posed a potential safety hazard risk to children.

##### Infection Control:

2. Handwashing was not completed by adults or infants before or after the nappy changing procedures observed. This posed a potential risk of cross infection to the children.
3. The service did not store a child's milk bottle at the required temperature of 0 to 5 °Celsius in a refrigerator. A bottle of milk was observed in a child's bag throughout the day. This posed a potential risk of a gastrointestinal illness.

##### Administration of Medication:

The following was at variance with the service's administration of medication policy:

4. Eighteen administration of medication records were reviewed from 2025 in the service's record book. Ten of the eighteen records reviewed did not detail parental consent or a signed parental signature after medication was given by the adults working in the childcare facility. This posed a potential risk of a medication error and harm to a child.
5. An individual care plan as outlined in the service policy was not available for a child attending the service who was prescribed an adrenaline autoinjector. The manager confirmed that the adults working in the service had not received training to ensure competency, knowledge and skills for the use of adrenaline autoinjectors. This posed a potential risk in the event that a child should have an anaphylactic reaction and to does not ensure that this procedure could be carried out in safe way and that a child's care may be compromised.

### Safe Sleep:

6. The temperature in the wobbler room where children were placed to sleep was not maintained within the required range of 18 to 22° Celsius for children aged over twelve months. An electronic thermometer was not available to support staff to monitor and maintain the room temperature. The temperature was recorded by the inspectors at 23.2° Celsius while four children aged between fourteen and nineteen months slept. This was at variance with the service's safe sleep policy. This posed a risk of children overheating.
7. The children's observation to include their position, colour and breathing patterns were not recorded every ten minutes. This is at variance with the service's safe sleep policy.

An immediate action notice was issued to the registered provider in response to a significant risk found on inspection under Regulation 23 Safe Sleep and Administration of Medication. Refer to the additional information section in the body of the report for further details.

### Fire Safety:

The following posed a potential risk to the safe evacuation of children and adults in the event of a fire:

8. The fire exits and routes were obstructed in the toddler room which accommodated a maximum of eleven children ranging in age from one to two years.  
Four doors in the toddler room leading to the front of the building outside were locked and a key was not available to open these doors. Access to these four doors was also obstructed with a wooden structure and a highchair.

The two windows in the toddler room which were previously identified by the registered provider as a potential fire exit route could not be fully opened and were obstructed by a radiator cover.

Stairgates were placed at the entrance/exit routes to the wobbler room, the toddler room and preschool room obstructing immediate access and egress to and from these care rooms.

A referral was sent to the local authority fire officer on the 16 April 2025.

### Outing:

- The manager stated that outings are frequently undertaken by the service. Risk assessments or outings checklists were not available for these outings contrary to the service's outing policy. The manager confirmed that these had not been undertaken prior to the outings. This posed a risk to the safety of the children.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

#### General Safety:

- The damp patch was fixed and repainted on the evening of the inspection. Ensure regular checks of the walls, building take place on a weekly basis and management have been reminded to bring anything they notice straight to the attention of the service provider.

It is acknowledged that on the 16 April 2025 the registered provider submitted a photograph demonstrating that the wires were enclosed in a junction box and the damp patch on the wall was resolved.

#### Infection Control:

- Staff have been reminded to raise any issues regarding maintenance issues to the area manager or service provider. The sink has been fixed and the children's hands will be washed. Regular checks of the sinks/building to take place on a weekly basis to ensure this not does not happen again.
- All milk bottles are now stored in a labelled shelf in the fridge. A shelf in the fridge is labelled for dairy bottles.

#### Administration of Medication:

- All ten forms were signed were sent to the inspector in response to the immediate action notice. Training in Medication use took place for all staff members. All staff have been re-trained to ensure all medical forms and records are completed correctly and accurately.
- Updated care plans were submitted to the inspector after the inspection. A medical doctor trained all staff working in the building to administer the named medication if needed. The doctor signed a letter to confirm

the training took place. The parents of the child also wrote a letter confirming permission to the creche to administer the medication if required. A care plan will be completed for any child where deemed necessary.

### Safe Sleep:

6. An air conditioning unit was fitted within 24 hours of inspection and a copy the temperature check sheet was submitted to the inspector. The air conditioning unit is available at all times to keep the temperate of the room within range. The temperate will be recorded at various times throughout the day on the temp record sheet.
7. Sleep checks are recorded every ten minutes on the service's electronic application system. This was covered in the re-training of the staff on safe sleep that took place. All staff have been re-trained to ensure all checks are done on or before 10 minutes.

### Fire Safety:

8. The fire doors are now cleared marked as the fire escape for the room. The keys for both of the fire doors are hanging up beside the doors and are fully accessible at all times. The path to the doors are free of objects and nothing is obstructing access to the doors. The windows are not a fire escape – we incorrectly had a fire escape sign above the windows. The fire escape are the double doors in the same room which open up fully where you can walk out in the event of a fire. The incorrect sign above the window is no longer there. The keys of the fire escape doors will be hung beside the doors always and will be accessible. A spare set of keys has been cut for the fire escape doors and will be located in the office.

### Outing:

9. The manager has been retrained on the outings policy and is aware of the completion of the risk assessment/checklist. All outings will also be communicated to the service provider going forward. All risk assessments, check lists etc to be completed before any outing takes place going forward.

### Supporting documentation submitted

#### General Safety:

Documentary and photographic evidence.

#### Infection Control:

Documentary and photographic evidence.

#### Administration of Medication:

Documentary and photographic evidence.

#### Safe Sleep:

Documentary and photographic evidence.

### Fire Safety:

Documentary and photographic evidence.

### Outing:

Documentary and photographic evidence.

### Summary Comment

Based on the corrective and preventive actions and supporting documentation submitted by the registered provider the non-compliance under Regulation 23 should address the areas of non-compliance.

## Part VI – Safety

### Regulation 25 - First aid

*(1) A registered provider shall ensure that a person trained in first aid for children is, at all times, immediately available to the children attending the pre-school service.*

*(2) A registered provider shall ensure that a suitably equipped first aid box for children-*

*(a) is safely stored in an easily accessible and conspicuous position on the premises, and*

*(b) is available to the children attending the pre-school service at all times.*

### Compliance Information

(1)  
One adult working in the service had a record of up to date First Aid Responder (FAR) training. The staff roster indicated that this adult was available during operational hours.

(2)(a)  
Suitably equipped first aid boxes were stored in the service. The adults working in the service were familiar with the location of the first aid boxes.

(b)  
The first aid boxes were available for use by the adults in the event of an emergency.

## Part VI – Safety

### Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-*
- (a) any fire drill that takes place in the premises, and*
  - (b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.*
- (4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.*

#### Compliance Information

(1)(a)

Records were available to demonstrate that monthly fire drills were carried out by the service. The last fire drill took place on the 19 March 2025.

(b)

Up-to-date records of the number, type and maintenance service were available for the firefighting equipment and the smoke alarm system. The most recent service of the firefighting equipment and the smoke alarm system took place respectively on the 22 November 2024 and 18 November 2024.

(4)

A fire action notice was displayed demonstrating the procedures to be followed in the event of a fire.

## Part VI – Safety

### Regulation 28 – Insurance

*A registered provider shall ensure that the pre-school service is adequately insured.*

#### Compliance Information

Up to date insurance cover was available for forty-five pre-school children attending the childcare service. The insurance policy for the sessional service is valid until the 27 March 2026.

### Part VII - Premises and Space Requirements

#### Regulation 29 – Premises

*A registered provider shall ensure that the premises of the service are-*  
*(d) cleaned, maintained and repaired, as required, and*

#### Non-Compliance Information

(d)  
A handwash basin in the nappy changing area was observed with overflowing water and a leak was noted from the pipe underneath. A pool of water leaked onto the floor underneath the handwash basin. The manager stated that this was identified a week previous to the inspection. It is acknowledged that the leak was fixed during the inspection.

#### Corrective & Preventive Action submitted by the Registered Provider

##### Corrective and Preventive Action

(d)  
The leak was fixed.  
(d)  
Management have been reminded to bring to the attention of the area manager or service provider if there is a maintenance issue. Regular checks will take place on the building.

##### Supporting documentation submitted

(d)  
Documentary and photographic evidence.

#### Summary Comment

Based on the registered providers corrective and preventive action response and supporting documentation, the non-compliance should be addressed under Regulation 29(d).