

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015FL250
Name of Service:	Popcorn Childcare
Address of Service:	20 New Street, Skerries, Co. Dublin
Eircode:	K34 XW95
Name of Registered Provider:	Eoin McCarthy
Service type:	Full Day
Date of Inspection:	30/06/2025
Regulatory Compliance meeting:	14/10/2025

No of pre-school children:	AM	37	PM	35
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Address of the Early Years Inspectorate:	Tusla Child and Family Agency, Early Years Inspectorate, Nexus Building Block, Blanchardstown Corporate Park, Dublin 15
Inspection undertaken by:	E Hosford and Á Dunne
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).

Conditions if applicable	Not Applicable.
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Description of service

Popcorn Childcare is a private early years service providing sessional, part-time and full day care services to children aged from 0- 6 years from 7.30am to 6.30pm Monday to Friday. A sessional Early Childhood Care and Education (ECCE) scheme operates from 8.45-11.45am daily for children aged 2 years 8 months to school age. The service is conducted from a two-storey terraced premises which was previously a family home and which has been purposely converted for use as a childcare service. There are three care rooms in operation, namely the Baby Room and the Montessori Room which are located on the ground floor and the Toddler Room which is located on the first floor. A sleep room is located on the ground floor of the premises and a fully enclosed outdoor play area is provided to the rear of the premises

Staffing

The service employs a total of 18 staff members. Two of the three company directors are responsible for the day-to-day operational management of the service, with one of these two directors present in and managing the service on a daily basis. The third company director is the registered provider who does not work directly with the children but is involved in administered duties of this Early Years service. Fifteen staff are employed to work directly with the children 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

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

The inspection focused on an examination of compliance under regulations 9,11,19, 23,25 and 29.

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

- An Immediate Action Notice (IAN) was issued to the service on the 30 June 2025 in relation to the Regulation 9- Management and Recruitment. On the 1 July 2025 the registered provider responded adequately to the IAN with the measures implemented within the service. Please see details in the body of the inspection report.
- A Regulatory Compliance Meeting (RCM) was held on the 14 October 2025 with the registered provider due to outstanding non compliances following completion of the CAPA process.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the deputy person in charge, 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
- (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)(b) The service had a designated person in charge and a named person who could deputise in their absence. A review of the roster showed that the deputy person in charge was rostered to be on the premises at all times during the opening hours of the service.

(c) A clear management structure was evident in the service and staff were aware of their roles and responsibilities.

(2) The files of 15 staff employed in the service and working directly with the children were reviewed.

(a) Seventeen validated written references were available from a past employer.

(b) Ten validated references were available from a source other than a past employer. One written reference was available for one staff member from a source other than a past employer.

(c) Seventeen Garda Vetting disclosures were reviewed. 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) Documentation available demonstrated that international police vetting was available required for two new staff members employed in the service since the last inspection.

(4) On review of documentation available four employees employed in the service since the last inspection, had documentation available to demonstrate that they held a major award in Early Childhood Care and Education at Level 5, or above on the National Framework of Qualifications

Non-Compliance Information

(2)(a)(b)

1. One staff member had no validated written references on file for inspection.

2. One written reference from a source other than a past employer did not have evidence of validation available for inspection.

(c) A Garda vetting disclosure was not available for one adult. As a result, an Immediate Action Notice was issued to the deputy person in charge on the 9 April 2025. A response was received from the person in charge on the 1 April 2025 with the revised practices and procedures put in place to reduce the risk.

(d) International police vetting disclosure was not available for four staff members who had lived outside the State as an adult for more than 6 consecutive months

(3) Evidence was not available to demonstrate that the procedures specified in paragraph (2) were carried out prior to six adults being appointed, assigned or allowed access to or contact with a child attending the pre-school service.

(4) There was no documentary evidence available to determine if six staff members who were working directly with the children in the service on the day of inspection held a major award in Early Childhood Care and Education (ECCE) at Level 5 or higher on the NFQ or a qualification deemed by the Minister to be equivalent.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2)(a)(b)

In response to the non-compliances the registered provider has stated that all staff members now have validated written references on file. Management will ensure that there are always written validated references available on file.

(c) Garda vetting disclosure is now on file for the staff member. Management will ensure that there are always Garda Vetting on file for all staff members.

(d) Management will endeavour as far as is possible to ensure international Police Clearance is available for all staff members going forward.

(3) Management will endeavour to insure all the requisite documentation for all staff to be always readily available.

(4) Management will endeavour to ensure that staff have recognised qualifications.

Supporting documentation submitted

(2)(a)(b)

1. Two written references received, however, no evidence of validation submitted.

(c) Evidence of Garda vetting.

(d) Police vetting for three staff members received.

(4) Documentary evidence for four staff members of their childcare qualifications.

Summary Comment

The actions and evidence submitted regarding Regulation 9(2)(a),(b), and (c) were reviewed and accepted.

However, post regulatory compliance meeting held with the registered provider the following remains outstanding.

(2)(d) It is acknowledged that the registered provider submitted documentary evidence they believed would address the remaining non-compliance under Regulation 9(2)(d), however, the required documentation outlined in the CAPA Outcome form and at RCM was not obtained.

(4) The qualification certificate for one staff member was verified to have met the minimum requirement. Post RCM, the registered provider stated they had begun a process in relation to the second staff member. At the time of publication no documentary evidence was submitted to demonstrate that one staff member held a major award in Early Childhood Care and Education (ECCE) at Level 5 or higher on the NFQ or a qualification deemed by the Minister to be equivalent.

Non-compliance in relation to Regulation 9(2)(d) and (4) remain outstanding and will be reviewed at 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,

Compliance Information

(1) There were an adequate number of adults working directly with the children as there were 8 adults working with 37 children in the morning and 7 adults working with 35 children in the afternoon.

(2) The adult to child ratios were maintained on the day of inspection as outlined below.

- **Baby room:-** Two adults were caring for 8 children aged 0-2 years in the morning and in the afternoon.
- **Montessori room:** - Four adults were caring for 17 children aged 3-5 years in the morning, and 3 adults were caring for 15 children in the afternoon.
- **Toddler room:** Two adults were caring for 12 children aged 2-3 years in the morning and 2 staff caring for 12 children in the afternoon.

(8)(a) Documentation available demonstrated that two adults were present on the premises during the operation of the early years' 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

Compliance Information

(1)(a)

Basic Needs:

- Children attending the service were provided with a breakfast of cereal and milk at 7.30am, toast at 9:45am followed by a hot meal of rice, pork and vegetables at 11.15-11.45am. A snack of crackers and breadsticks was available in the afternoon before a tea supplied from home of fruit, yogurts, crackers and sandwiches from 3.00pm to 3.45pm. Water was available to drink and was stored in an accessible position while the children played.
- The children's nappies were changed regularly, and promptly in between when required, with staff members observed chatting to the children during the procedures

Supporting Relationships:

- Staff were observed to have warm and responsive interactions with the children using soft tones and positive non-verbal communication strategies such as being at the children's level.

- Verbal engagement and communication was held with parents at drop off and collection with staff updating them on their child's day, using completed daily records, to include meals eaten, sleep times, nappy changes and developmental achievements.

Physical Environment:

- Children had the freedom to choose from materials and equipment available to them. Low level shelving and child sized furniture supported children's independence in the care rooms.
- A safety-surfaced fully enclosed outdoor play area was located to the rear of the premises, accessed directly from the Montessori room. Fixed rocking toys, ride-on toys and a large wooden climbing frame with stairs, standing platforms, an attached slide and climbing nets were amongst the equipment provided to facilitate outdoor play experiences for the children.
- Rest areas were present in the rooms offering a quiet comfortable area for children to rest and relax during the day.

Non-Compliance Information

(1)(a)

Basic Needs:

1. The sleep needs of three children in the Montessori room were not met. At 3.05pm, the inspector observed three children in the Montessori room at the table with their heads on the table and sleeping. Staff confirmed they had been asleep since 2.50pm when relaxation time in the room began. On discussion with staff, they explained parents had asked for the children to not sleep. However, children's needs must be met. The service did not engage with the parents to discuss ways in which they could meet their parental requests but also the needs of the children who evidently still required rest.
2. When a child was moved at sleep time from the Toddler room to the Baby room, staff were not aware of the individual needs of this child who required assistance with using the toilet and did not accompany them to the toilet and as a result of going to the toilet alone, the child required a full change of clothing.
3. In the Baby room at dinner time, additional food was not made available or routinely offered to children that showed signs of hunger or interest in eating more food.

Physical and material environment:

4. Cause and effect toys in the Baby and Toddler room were not operating and therefore removing the learning and developmental functionality of the toy.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. In response to the non-compliances the registered provider has stated that the following actions have been taken.
 - Sleep and rest policy in the Montessori room reviewed and updated.
 - Suitable mats are now available at all times to respond to our children's sleep requirements.
 - All staff have been reminded of the importance of providing appropriate rest facilities for children at all times throughout the day.
 - Staff will ensure that parents wishes are considered while also prioritising the development and well-being needs of the children.
 - Staff have received refresher training in responsive care and the importance of rest to the children's holistic development. These were conducted verbally.
2. In response the registered provider has stated that a new handover procedure has been introduced for all children transitioning between rooms. These were conducted verbally. This includes a verbal update of the child's needs. This revised process will ensure that the non-compliance is not repeated.
3. To address the non-compliance the registered provider has stated that the Food and nutrition policy has been revised to ensure that additional portions are always available to children who show signs of hunger or intent in eating. Snacks will always be available should a child show signs of additional food needs.
4. In response all toys, learning resources and materials in the Baby and Toddler rooms have been checked to ensure they are in good working order.

Supporting documentation submitted

None.

Summary Comment

The registered provider has not submitted documentary evidence to address the non-compliances as identified in regulation 19(1)(a). The corrective and preventive actions submitted by the registered provider will be reviewed on the next inspection.

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:

- External doors were monitored by staff to restrict unauthorised persons from gaining access to the premises and children to leave the premises unsupervised. The outdoor area was secured.
- All hazardous equipment and cleaning materials were stored out of reach of the children on high shelves.
- Kitchen was not accessible to children

Infection Control:

- Liquid soap and paper towels were available at the wash hand basins used by the staff and children.

Administration of Medication:

- Medication was observed to be stored out of children's reach within the service.

Safe Sleep:

- Children under the age of two years that required sleep were facilitated in standard cots, which had wipeable cover, and individual sheets and blankets.

Fire Safety:

- Fire exits and escape routes were observed to be clearly signposted and clear of any obstructions during the inspection

Outing:

- The Montessori room completed an outing on the day of inspection as per the service policy and procedures.

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. The temperature of the Baby room was not maintained within the recommended 18 to 22°C. It is acknowledged that it was a warm day, and staff had ensured that the care room windows were open and

air conditioning unit was turned on at 11.50am following a query from the inspector, but temperatures were recorded as follows, 23.7 °C at 10.41am and 23.6 °C at 11.52am.

3. Staff did not ensure that children's time of departure was accurately reflected in the service roll book to ensure the safe evacuation of children in the event of an emergency.
4. Water exceeding the recommended 43°C was accessible to the children in the Baby room. The water temperature was 45.8°C at 10.30am. This increased the potential risk of scalding a child.

Infection Control:

5. It was observed that infection control practices within the service were at variance with the service policy on infection control and best practice guidelines. For example.
 - Pedal-operated bins were not available in the service to reduce the potential risk of cross infection, touch to open lids were in operation.
 - Hand washing of children was not completed after outdoor play and before meals.
 - Toast and fruit for afternoon tea were served directly on the tabletops of the highchairs rather than on plates in the Baby room.
6. The nappy changing procedure observed was not completed as per the service policy, for example.
 - The staff member used the same apron for five children, which was then worn by the staff member as they entered the care room.
 - The staff member used the same gloves for two nappy changes of children.
 - The mat was not cleaned between seven nappy changes observed

Administration of Medication:

7. The service did not have a plan of care in place or visibly accessible to staff for a child that required medical treatment in the event of becoming unwell while attending the service. This reduced the effective identification of symptoms by staff and the required assistance in the event of an emergency. This is at variance with the service policy on Administration of medication.
8. It was observed that administration of medication forms were used to record more than one medication, this increased the potential risk of staff error in the correct administration of a medication to a child.

Safe Sleep:

9. It was observed that safe sleep practices in place within the service were not in line with the service policy and safe sleep guidelines. For example.
 - Staff did not maintain or visually check children that slept in the cot room from 12.10 – 12.43pm. Staff were then observed retrospectively completing sleep logs on the sleeping children.

- Staff in Toddler room did not record each child's colour, breathing and position every ten minutes, it was only recorded once at the beginning of sleep, when they fell asleep.
 - Staff were not familiar with the safe sleep temperatures for children under two years of age and as a result they did not record the room temperatures while children slept to ensure it was maintained between 16-20°C for under 1-year olds and 18-22°C for 1–2-year-olds.
10. The temperature of the rooms where children slept were outside of the recommended range. The temperatures recorded by the inspectors as 22.8°C in the Cot room and 23.9°C in the Toddler room while children slept.
11. Eight cots in the sleep room were not positioned with the required 50cm apart to reduce the potential risk of cross infection. This non-compliance was observed on the last inspection.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The registered provider has stated that a new system has been implemented to ensure all staff Garda vetting is renewed every three years, a compliance tracker has been introduced to monitor expiry/renewal dates.
2. The registered provider has stated that a thermometer is now in place in all the three rooms in the creche. This allows the staff to continuously monitor and record the rooms temperature at regular intervals and take immediate action if it falls outside the required range. Daily checklists have been introduced to ensure all room temperatures remain within the recommended 18-22 C.
3. To address the registered provider has stated that staff have been instructed and retrained on the importance of recording the arrival and departure times of each child in the roll book without delay. To ensure compliance daily spot checks of roll book will be conducted.
4. The registered provider has stated that the hot water system valve has been adjusted to ensure the water temperature in the Baby room remains at or below the recommended 43° C.
The temperature range on the boiler will be continuously monitored on a regular basis.

Infection Control:

5. To address the non-compliances the registered provider has stated the following.

- Pedal operated bins have now been purchased and placed in all of our rooms to ensure hands free waste disposal.
- Staff have been advised of the importance of hand hygiene, and clear procedures have been reinforced to ensure that all children wash their hands after outdoor play, before meals and any other key times throughout the day.
- Staff have been instructed that all food for children must be served on a clean plate. Plates have now been supplied to the Baby room.
- The corrective actions will ensure that non-compliances should not reoccur.

6. In response all staff will be provided with immediate refresher training to all our staff the nappy changing procedures, highlighting the importance of changing aprons and gloves for each child. A clear step-by-step hygiene guideline has been displayed in the nappy changing areas as a visual reminder for all staff; which also incorporates the need to clean the changing unit after each change.

Administration of Medication:

7. An updated personal care plan for children who need specific medication is in the child's file and on display. These care plans will now be on permanent display in a place of easy access and clear view in the room.

8. Staff have been advised that medicine administration has to be recorded separately in our medicine administration book, avoiding risk of staff error. This recording will be carried out on a continuous basis.

Safe Sleep:

9. In response to the non-compliances the service has stated the following.

- Training and refresher sessions has been provided to all staff to reinforce the importance of safe sleep practices and compliance with policy.
- Service sleep log amended to incorporate the checking of the children's colour, breathing and position of the child every ten minutes.
- Service implemented a system for recording room temperatures during sleep times. Each room has a log sheet displayed on the wall with the thermometer beside it. The above corrective actions will be easily maintained going forward.

10. Management will try and ensure maximum ventilation on the premises in the event of future extreme temperatures.

11. In response to the non-compliances the registered provider has stated that it is not possible to carry out construction work given the restrictive nature of the building. The registered provider stated they were open to suggestions, which were discussed at the regulatory compliance meeting.

Supporting documentation submitted

General Safety:

1. Updated Garda vetting for one staff member.
2. Evidence of staff recording the temperature of the care rooms.
3. Documentary evidence of staff recording of care rooms temperatures.
4. Corrective action

Infection Control:

5. Photographic evidence of a pedal bin.
6. Corrective action from the registered provider that staff retraining has taken place.

Administration of Medication:

7. Documentary evidence of revised care plan for named child.
8. Documentary evidence of a completed medicine administration form.

Safe Sleep:

9. Documentary evidence of completed sleep records.
10. Documentary evidence of the temperature of the care rooms recorded by staff.
11. No supporting evidence.

Summary Comment

On review of the corrective and preventive actions submitted by the registered provider and the supporting evidence submitted, the non-compliance listed at points 1 and points 3 – 9 were adequately addressed.

However, the evidence submitted to support the corrective action for non-compliance point 2 demonstrated that on several occasions in August the temperature of the care rooms continued to exceed 22° C. This was discussed with the registered provider at the RCM. The registered provider stated that procedures for management of room temperatures will be discussed with management and staff members.

As no corrective actions were submitted to address non-compliance point 11, this was also discussed with the registered provider at the RCM. Practice based alternatives were suggested by the Early Years Inspectors. The

registered provider was open to the alternative suggestions and stated these will be discussed and implemented by management and staff to avoid repeat non-compliance.

Following the CAPA process and RCM the Inspectorate was assured that the non-compliance under Regulation 23 would be adequately addressed and will be reviewed at the next inspection.

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

(2) (a) and (b) First aid boxes were suitably equipped, displayed in an accessible and conspicuous positions in the service.

Non-Compliance Information

(1) The registered provider did not ensure that a staff member was trained in First Aid Responder (FAR) and available to the children during the operation of the service. It is acknowledged that 19 staff within the service had in date paediatric first aid.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) In response the registered provider has stated that a staff member has volunteered to enrol in a FAR course starting in September.

Supporting documentation submitted

(1) Invoice for the purchase of First Aid Responder training for one staff member.

Summary Comment

(1) The registered provider submitted evidence to the Inspectorate that First Aid Responder training for one staff member had been booked to be completed in October 2025.

At the Regulatory Compliance Meeting the registered provider shared an update that the training provider had rescheduled this training and it was now due to take place for one staff member in November 2025. This will be reviewed at the next inspection.

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*
- (e) equipped with adequate and suitable sanitary facilities.*

Compliance Information

(e) The service was equipped with adequate and suitable sanitary facilities to meet the needs of the children attending.

Non-Compliance Information

(d) Water was observed squirting and dripping from the base of the tap lever rather than flowing from the spouts. This resulted in an inadequate flow of water directly from the taps. This non-compliance was observed on the last inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(d) In response the registered provider has stated that this issue has been fixed, and a visual inspection of taps will take place on a regular basis.

Supporting documentation submitted

(d) Corrective action.

Summary Comment

The registered provider has addressed the non-compliance in their corrective action. This will be reviewed on the next inspection.