

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015KE014
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Name of Service:	Tigers Childcare
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Address of Service:	The Ryebriidge, Kilcock, Co. Kildare
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Eircode:	W23 XK51
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Name of Registered Provider:	Therese Noonan
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Service type:	Full Day, Sessional
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Dates of Inspection:	11/11/2025
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Date 2 of Inspection:	12/11/2025
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No of pre-school children:	AM	95	PM	79
Day 2	AM	90	PM	N/A

Address of the Early Years Inspectorate:	The Brunel Building, Heuston South Quarter, St John's Road West, Dublin 8.
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Inspection undertaken by:	S. Early O'Brien & R. Brien
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Title:	Early Years Inspectors
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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	NA
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Description of service

Tigers Childcare (Ryebridge) is one of 33 private early years' services operated by the registered provider. It currently provides full day and sessional care to children aged one to six years of age from 07:30 to 18:30, Monday to Friday. The service operates from a purpose-built premises in a housing development on the outskirts of Kilcock. Childcare provision is delivered across eight rooms, according to age and stage of development. Outdoor play areas are located to the rear and side of the property.

Staffing

The service currently employs 31 staff members which includes the centre manager, a cook and a cleaner. On the first day of inspection there were 23 adults working directly with the children including the person in charge. A quality support manager employed by the company arrived at the service after the inspection had commenced. On the second day of inspection, there were 22 adults working directly with the children including the person in charge. The quality manager and a quality and practice manager employed by the company were also present on the inspectors' arrival. The registered provider does not work directly in the service and was not present on 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, safety and records. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under the following regulations:

Regulation 9 (1)(a)(b)(2)(3)(4)(7) - Management and recruitment,
Regulation 10 – Policies Procedures etc. of Pre-School Service,
Regulation 11 (1)(2)(8)(a) - Staffing levels,
Regulation 16(1)(i)(k) – Record in Relation to a Pre-School Service,
Regulation 19 (1)(b)(3) - Health, welfare and development of child,
Regulation 27 – Supervision,
Regulation 32 – Complaints.

A sampling process was used to assess compliance under regulation 9(7) – Management and Recruitment and regulation 16(1) – Record in Relation to Pre-School Service.

The scope of the inspection included Active Cubs 1, Active Cubs 3, Junior Discoverers Room and Senior Discoverers Room.

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

The inspection was triggered due to information received by the Inspectorate on 31 October 2025.

Acknowledgments

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

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.*

(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.

(7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:

- (a) the policies, procedures and statements of the service specified in Schedule 5;*

(b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and
(c) these Regulations.

Compliance Information

- (1)
- (a) The service manager is the designated person in charge of the service and there is a named person appointed to deputise as required.
- (b) The deputy manager was present, in charge of the service and present in the service throughout the inspection.
- (2)
- Upon review of the staff roster and staff files, there were eleven new staff members employed to work in the service since the last inspection on 10 March 2025. The staff files of the quality support manager and the quality practice manager were also reviewed.
- Documentation was reviewed in respect of thirteen adults and met regulatory requirements as follows:
- (a)(b) Of the 26 validated, written references that were required, 16 were available from a past employer and 10 from a source other than a past employer.
- (c) Garda vetting disclosures were on file and had been obtained for 13 staff members, demonstrating that the service adhered to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years.
- (d) Police vetting was required and available for eleven staff members who had lived outside of the State for a period of more than six months as an adult.
- (4)
- There was documentary evidence available to demonstrate that thirteen staff members held a major award in Early Childhood Care and Education at Level 5 or higher on the National Framework of Qualifications or a qualification deemed equivalent.
- (7)(a)(b)(c)
- The inspection focused on a sample of induction and training records for staff members employed since the last inspection on 10 March 2025. Eleven adults had been employed since that date.

The registered provider demonstrated that some measures had been taken to ensure that new employees were provided with sufficient information and training to safeguard the health, safety and welfare of children attending the service and to comply with the regulations as follows.

- Documentation reviewed evidenced that induction records were available for nine adults who had commenced working in the service since the last inspection.
- Documentation reviewed evidenced that support and supervision records were available for nine adults who had commenced working in the service since the last inspection.
- Documentation reviewed evidenced that staff training records were available for 11 adults.

Non-Compliance Information

(3)

The registered provider did not take appropriate measures to ensure that all employees were suitable to work in an early years' service prior to commencing employment. It is acknowledged that a Garda vetting disclosure and two validated references were available for one staff member who had previously been employed in the service and who had returned to work in the service in September 2025. However, the Garda vetting disclosure and validated references were dated from January 2025 and February 2025 respectively and had not been renewed before the staff member commenced employment on 10 September 2025.

(7)(a)(b)(c)

The registered provider did not demonstrate that they had taken all reasonable measures to ensure that all employees were appropriately supervised and provided with sufficient information and training to safeguard the health, safety and welfare of children attending the service and to comply with the regulations as follows.

- There were no records of induction training available for two new staff members who had commenced employment in the service and were working directly with the children.

This is at variance with the staff training policy in place which stated that it is the manager's responsibility to ensure that a new colleague completes their induction.

- There were no records available documenting monthly support and supervision meetings for two staff members who had commenced employment in the service and were working directly with the children.

This was at variance with the service's support and supervision policy which stated that these meetings should take place on a 4-weekly basis during the induction period of six months for new colleagues.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(3)

A Garda Vetting application has been resubmitted for one adult and is currently under review.

A full audit of all existing staff files within the service has been conducted to verify that all in-date garda vetting disclosures and reference checks are on file for all current employees.

The manager has completed reverification of the adult identified during the inspection, for whom a reference check was outstanding. All centre managers are responsible for recruitment and onboarding and have been reminded of their responsibility to ensure all vetting clearance is received and filed before any employee commences work. HR has provided a refresher briefing on compliance expectations and documentation standards.

To prevent this non-compliance in the future in relation to adults being re-employed in the service, the company's HR team has developed an audit tool to be used to ensure that all staff files are completed as required during the re-onboarding process. The existing recruitment procedures ensure that new hires have the correct documentation prior to starting employment, and this additional audit step will ensure the same level of compliance for returning colleagues.

(7)(a)(b)(c)

The two adults identified on inspection have now satisfactorily completed the full induction programme in line with organisational requirements. Shadow practice training has been fully completed by each adult with appropriate guidance and support provided by the centre manager and/or the relevant room leaders. In addition, four induction supervision sessions have been conducted for both adults to support their practice, ensure role clarity, and address the identified non-compliance.

To prevent a re-occurrence of this non-compliance, a Support and Supervision Tracker has been implemented to ensure that all colleagues receive appropriate and consistent support and supervisions. All support and supervision meetings for November and December 2025 have been planned and/or completed by the Manager and Room Leaders. From January 2026, a revised supervision plan has been introduced to support the timely and consistent completion of all support and supervision meetings consistent completion of all support and supervision meetings.

Supporting documentation submitted

The registered provider has submitted the following:

- An induction workbook for each colleague.
- Two Shadow and Practice records for each adult.
- Induction Support and Supervision records.
- A template of the proposed Support and Supervision Tracker.
- The completed Support and Supervision records for November and December.
- The revised supervision plan for January 2026.

Summary Comment

The inspectorate has deemed that the actions submitted adequately address the non-compliance and will inform the next inspection.

Part III – Management and Staff

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

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

Compliance Information

The inspection focused on the following policies:

- Complaints Policy
- Policy on Managing Behaviour,
- Policy on Accidents and Incidents,
- Risk Management Policy,
- Settling-in Policy,
- Staff Training Policy,
- Supervision of Staff Policy.

The service had these policies available, and the content met the regulatory requirements.

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)

An adequate number of adults were working directly with the children at all times during the inspection.

(2)

The minimum ratio of adults to children for full day care services was adhered to at all times during the inspection. On the first day of inspection there were 95 children attending the service being supervised by 23 adults on the morning of inspection and 79 children being supervised by 22 adults in the afternoon. On the second day of inspection there were 90 children being supervised by 22 adults.

8(a)

There was a minimum of two adults on the premises at all times during the inspection. This was confirmed on review of the staff roster.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

(1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:

(i) details of staff rosters on a daily basis;

(k) details of any accident, injury or incident involving a pre-school child attending the service.

Non-Compliance Information

- (1)
- (i) While it is acknowledged that a staff roster was available, the information detailed was insufficient. The staff roster was not listed by room and did not include sufficient detail in relation to cover for breaks.
- (k) Thirteen accident and incident records were sampled and reviewed on an online application. Documentation reviewed here was not in line with the services Accident and Incidents policy as five records detailed an injury to the head or facial area of a child. The service policy states that when such injuries occur, the parent is contacted by telephone to be made aware of this. For these five records, there was no evidence to demonstrate that this procedure was followed.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (1)
- (j) A revised roster has been developed and implemented. This roster identifies each care room and the core staff assigned to each. It also specifies the allocation of lunch-cover responsibilities. In addition, the roster outlines all designated roles, including First Aid Responder (FAR), Person in Charge, Designated Liaison Person (DLP), and Room
- To prevent a recurrence of non-compliance, the revised roster will be reviewed and updated regularly to ensure clarity of staff deployment, room assignments, lunch-cover arrangements, and designated roles. Management will monitor daily adherence to the roster to maintain adequate supervision at all times
- (k) At a staff meeting in the centre, a review of the procedures for completing Accident/Incident Forms was undertaken. Staff were reminded of their responsibility, in line with the service policy of contacting parents for any injury involving the head or face, regardless of severity.
- To prevent a re-occurrence on non-compliance, ongoing staff training will be provided on Accident/Incident reporting procedures, with particular emphasis on the requirement to inform parents of all head or facial injuries, irrespective of severity. Compliance will be reinforced through regular staff meetings, supervision.

Weekly audits of Accident/Incident Forms will be conducted by the management team to ensure procedures are consistently followed and documented in line with service policy and regulatory requirements.

All staff have completed training on the company's training portal

Supporting documentation submitted

The registered provider has submitted the following as evidence of actions taken:

- A copy of the revised weekly staff roster.
- Staff meeting agenda and staff attendance sign-in sheet.
- The weekly audit of accidents and incidents for management to review.
- The staff Training Completion Report.

Summary Comment

The inspectorate has deemed that the actions submitted adequately address the non-compliance and will inform the next inspection.

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-

(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.

(3) A registered provider shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of a pre-school child whilst attending the service.

Compliance Information

(1)(b)

Children's care needs were observed to be met promptly on the day of inspection. Staff were observed engaging warmly with children when providing this care. Children were encouraged and supported to be independent including cleaning up after their play and meals. Staff reminded and assisted children with hand washing and cleaned their noses as needed. Children wearing nappies had these changed at scheduled times or as needed in between these times.

Sleep plans were in place for children in the Junior Discoverers room and each child was assigned their own cot. Children were placed to sleep in the cot room adjacent to the care room, in line with sleep plans agreed with parents or as needed if a child showed signs of tiredness.

Healthy eating was promoted in the service and staff reported that all meals are provided by the service for children attending on a full-day care basis. Meals were provided at regular intervals throughout the inspection. On the first day of inspection, the children were observed to be eating a dinner of mince, potato, vegetables and gravy. Staff advised that alternatives were available, and food preferences were catered for on the day of inspection. Children were encouraged to feed themselves and staff supported children who needed assistance. Children appeared happy and content within the care rooms. Water was available for drinking in the care rooms.

Staff demonstrated a good awareness of the needs of each child in their care and responded to children's cues promptly, offering comfort and support when needed. Staff interacted warmly with the children throughout the inspection and were observed supporting children in their play. Staff encouraged and praised the children when promoting positive behaviour. Staff provided an appropriate level of supervision whilst supporting the children's choice and independence during play and mealtimes.

Information in relation to each child's day such as arrival and departure times, food, nappy changes, activities, accident and incidents and room transitions are communicated with parents through an online application as relevant to each child attending the service.

(3)
Prohibited practices were outlined in the service's behaviour management policy. During discussions with the inspector, staff demonstrated a knowledge of the policy and the prohibited practices. They were aware of the service's designated liaison person as detailed in the child safeguarding statement. The staff spoke kindly to the children and were gentle in their handling. No prohibited practices were observed.

Non-Compliance Information

(1)(b)
Inspectors observed that children were not appropriately and suitably cared for in the Junior Discoverers room. On the first day of inspection there were an adequate number of adults present in the care room. However, the three adults present were observed to be unable to provide appropriate care in a child centred manner to all children. A child who was settling into the service was observed to be upset and crying at dinner time at 11:35. A

staff member was observed to briefly pick the child up on instruction from another staff member but put the child down again on the floor without comforting them to carry out cleaning duties in the room. The child was observed crawling along the floor, visibly and audibly distressed. During this time the other staff members in the room were observed carrying out nappy changes and supporting the other children in the room. At 12:00, the inspector requested that one of the staff members comfort the child who was still visibly upset. This practice is not in line with the services settling-in policy which states that the child's needs are the priority and other activities such as cleaning be left until later.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)(b)

Staff were formally reminded during the staff meeting on 18th November of the requirement to implement the "one colleague on-task and one colleague off-task" system, where appropriate, to ensure effective supervision and continuity of care. This practice has been reinforced to address the identified non-compliance and to ensure that at all times one staff member remains fully focused on direct child supervision while necessary tasks are carried out by the second staff member, in line with service policy and regulatory standards.

To prevent the actions identified on inspection from re-occurring, the management team will implement ongoing monitoring and review of staff practices to ensure all corrective measures are consistently embedded in daily operations. Staff deployment and supervision practices, including the consistent application of the "one colleague on-task and one colleague off-task" system where appropriate, will be monitored through daily oversight and supervision.

Management have completed Transitions Training with the Quality and Practice manager in a "Train the trainer" capacity and will deliver this training to all staff on 15th December, ensuring a consistent understanding of effective transitions, supervision, and role clarity across all rooms. Attendance will be recorded, and learning outcomes will be reinforced through staff meetings, supervision sessions, and practice observations. These measures will support sustained compliance with policies, promote safe and effective transitions, and ensure that staff remain focused on child supervision and engagement at all times.

An internal investigation into the incident has been conducted by the Human Resources team in line with organisational procedures. The HR team has confirmed that the investigation has progressed to the disciplinary stage, and the outcome will be communicated once this process has been formally concluded. Any additional findings and required actions will be implemented promptly, and further preventative measures will be clearly identified and documented to ensure ongoing compliance and to prevent a recurrence.

Supporting documentation submitted

The following evidence of the actions undertaken as been submitted by the registered provider:

- The staff meeting agenda and the staff attendance sign-in sheet have been submitted for review.
- The training schedule and correspondence.
- Colleague attendance list for Transitions Training 15 December 2025.
- Incident log submitted for review
- Investigation summary.

Summary Comment

The inspectorate has deemed that the actions submitted adequately address the non-compliance and will inform 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

During the inspection, children in the Active Cubs 1, Junior Discoverers, and Senior Discoverers rooms were supervised appropriately and at all times, including transitions, nappy changes, using the toilet and at mealtimes in line with the supervision of children policy. Children were supervised primarily by sight during the inspection. Room layouts allowed for effective supervision.

Non-Compliance Information

In Active Cubs 3 at 14:20 on the first day of inspection, there were two staff members supervising eleven children.

At this time, the following was observed.

- one staff member was preparing the afternoon snack at a counter at the top of the room.
- During this time, her back was to the handbasin where the second staff member was attempting to support the children to wash their hands.
- While handwashing was in progress, two children were observed pinching each other at a table, two children were splashing water at the handbasin in the room, and another was taking table mats and hiding them.

- At 14:25 the meal was served to the children. At this time, the second staff member was observed cleaning the floor and the first staff member remained at the counter providing additional snack to those children who asked for more.
- Meanwhile, a child was observed to go to the drinks area and drink directly from a carton of milk. Staff were unaware of this until the inspector brought it to their attention as they had their backs to this area of the room with no line of sight on this child.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

All meals and snacks are now prepared exclusively in the kitchen, and all microwaves and toasters have been removed from care rooms to eliminate non-essential adult tasks within the care environment and to ensure staff focus remains on child supervision. This change was discussed with the kitchen assistant to clarify responsibilities and was formally communicated to all staff during the staff meeting held on 18th November.

During the staff meeting on 18th November, all staff were formally reminded of the requirement to implement the “one colleague on-task and one colleague off-task” supervision model, where appropriate, to strengthen supervision practices and address the identified non-compliance.

To prevent a recurrence of non-compliance, management will implement ongoing monitoring of daily practice to ensure that all meals and snacks continue to be prepared exclusively in the kitchen and that no food preparation equipment is reintroduced into care rooms. Regular environment checks will be completed by management and room leaders to maintain a safe, child-focused care setting and to ensure staff remain fully engaged in supervision at all times.

All staff will attend Transitions Training to reinforce effective supervision practices and to prevent a recurrence of this non-compliance.

Supervision practices, including the consistent application of the “one colleague on-task and one colleague off-task” model where appropriate, will be reinforced through daily oversight, room observations, and regular staff supervision meetings by management and room leaders. Any deviations from expected practice will be addressed promptly through guidance, support and retraining where and if needed.

All staff members were instructed to review the Safety, Supervision of Children & Transitions Policy and to complete the policy sign-off sheet to confirm that they have read, understood, and acknowledged the policy.

This measure was implemented to ensure consistent understanding and adherence to the service's supervision and safety procedures.

Supporting documentation submitted

The following evidence has been submitted by the registered provider:

- The Standard Safety Practice guide Poster.
- The list of attendees for Transitions Training
- The Safety, Supervision of Children & Transitions Policy sign-off sheet.

Summary Comment

The inspectorate has deemed that the actions submitted adequately address the non-compliance and will inform the next inspection.

Part VIII - Notifications and Complaints

Regulation 32 – Complaints

(1) A registered provider shall ensure that the complaints policy of the service specifies-

- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,*
- (b) the manner in which such a complaint shall be dealt with, and*
- (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.*

(2) A registered provider shall ensure that-

- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and*
- (b) the complaint is duly dealt with in accordance with the provider's complaints policy.*

(3) A record in writing referred to in paragraph (2)(a) shall-

- (a) include the nature of the complaint and the manner in which the complaint was dealt with, and*
- (b) be open to inspection on the premises by an authorised person.*

Compliance Information

- (1)
A complaints policy was available in the service which specified the following:
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service.
 - (b) the manner in which such a complaint shall be dealt with.
 - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.
- (2)
- (a) The service had a record of complaints made in respect of the service.
 - (b) The service had documentary evidence to demonstrate complaints received were dealt with according to the service complaints policy.
- (3) A record in writing referred to in paragraph (2)(a) was available which specified the following:
- (a) the nature of the complaint and the manner in which the complaint was dealt with.
 - (b) This record was available for inspection on the premises by an authorised person.