

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015KE137
Name of Service:	Happy Hands Creche
Address of Service:	01 Old Chapel Court, Caragh, Naas, Co. Kildare
Eircode:	W91 EE76
Name of Registered Provider:	Elaine Moore
Service type:	Full Day
Date of Inspection:	27/08/2025
Date of Regulatory Compliance Meeting	09/09/2025

No of pre-school children:	AM	10	PM	9
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Address of the Early Years Inspectorate:	Early Years Inspectorate, SAP Office, St Loman's Campus, Springfield, Mullingar, Co Westmeath, N91 N4XC.
Inspection undertaken by:	T. Duignan and R. Flynn
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

Happy Hands Crèche is a private childcare service offering full day and sessional care and education to children aged 0-6 years old. The service is registered to provide school age childcare. Opening hours are from 8:00am-17:30hrs, Monday-Friday.

The service operates from a purpose-built premises in the village of Caragh. Four pre-school rooms, a sleep room, a kitchen, office and a staff room are provided and play areas are located at the rear and front of the building. Currently, only two pre-school rooms and the rear play area are in operation.

Car parking is available outside the premises to the rear.

Staffing

There were five adults present including the registered provider in the service on the day of the inspection. This included two adults working directly with the children and one staff member assigned to kitchen duties. The person in charge provided additional support to the care rooms as needed.

The registered provider arrived after the inspection commenced and delegated facilitation of the inspection to the person in charge. The registered provider remained in a care room for the duration of 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 and safety. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations:

- Regulation 9 (1), (2), (4), (7) - Management and Recruitment.
- Regulation 10 – Policies, Procedures etc. of Pre-School Service.
- Regulation 11 (1), (3) - Staffing levels.
- Regulation 15 (1)(f) – Record of pre-school child.
- Regulation 16 (1)(c), (h), (i), (k) – Record in Relation to Pre-School Service.
- Regulation 23 – Safeguarding Health, Safety and Welfare of Child (General Safety).
- Regulation 24 – Checking in and out and record of attendance.
- Regulation 27 – Supervision.
- Regulation 28 – Insurance.
- Regulation 31(e) – Notification of Incidents.

however, on inspection additional non-compliances were identified under:

- Regulation 25(1) – First Aid.

These findings are outlined within the relevant regulations within this report.

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

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

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

Additional Information

1. A written immediate action notice under Regulation 23 – Safeguarding health, safety and welfare of child was issued to the person in charge onsite by the Early Years Inspector on 27 August 2025 in respect of the rear entrance door to the premises not secured.
2. A regulatory compliance meeting was convened following assessment of the written response received from the person in charge on 28 August 2025.
3. A regulatory compliance meeting was conducted by the Inspection and Registration Manager with the Registered Provider of the service on 1 September 2025.
4. A written response and video evidence was submitted by the person in charge to the Early Years Inspector on 1 September 2025. The response was accepted by the Early Years Inspectorate.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, 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.

(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) There was a designated person in charge.
- (b) The named person in charge remained on the premises for the duration of the inspection.

(c) All the staff members were aware of the management structure, the lines of authority and their roles within the service. The names of the person in charge and the deputy person in charge were displayed on a door in the entrance hall at the rear of the service.

(2)(a)(b)(c)(d), (4)

Following a review of previous inspection information, information available on inspection and discussion with the person in charge it was determined that there were no staff employed since the previous inspection.

All garda vetting for the current staff members was completed in the previous three years.

(7)

(a) There was documentary evidence available of the following:

- There was evidence that two monthly team meetings were held in the service in 2025.
- The training records for eight staff files were reviewed. Of the eight files reviewed, four staff had a record of induction, four staff had evidence of Children’s First training, and one staff member had completed additional training in relation to learning environments in the early years and quality and regulatory training.

Non-Compliance Information

(7)

(a)

1. There was no training log maintained to provide oversight, and a record of mandatory and professional training required and completed by the eight staff members. This did not align with the staff training policy which stated that “Staff are required to complete 10 hours continuing professional development training per year. All training will be recorded on the staff member’s individual training record”.
2. There was no evidence that service wide training was undertaken in any specific policies and procedures.
3. There was no evidence that individual staff supervision was completed between the registered provider / person in charge and each staff member on a regular basis. This did not align with the staff supervision policy which stated that “A Supervision Meeting will be scheduled every two months.”

This was an area of non-compliance following inspection conducted on 7 December 2022. The corrective action submitted by the registered provider following the inspection failed to prevent recurrence of this non-compliance.

This area was the subject of conditions applied to the registration on 1 July 2022.

(b), (c)

4. With the exception of one staff member, there was no evidence of service wide staff training undertaken in the Child Care Act 1991 (Early Years Services) Regulations 2016 and Childcare Act 1991 (Early Years Services) (Amendment) Regulations 2016.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (7)
- (a)
1. A staff training log has now been created and implemented. This log includes Staff names and roles, Dates and titles of training completed, type of training (mandatory/professional development), upcoming training due dates.

All eight staff members' individual training records have been reviewed and updated to reflect completed training for the current and previous year. The assistant manager has been assigned responsibility for maintaining and regularly updating both the individual records and the central log. Going forward, quarterly audits of staff training records will be conducted to ensure records are accurate and up to date, mandatory training is renewed before expiration. This will be completed every three months in line with our new schedule of supervision one on one meetings. The staff policy training will be prioritised in the new scheduled staff meetings every second month.
 2. A full review of current policies and procedures was conducted. A priority list of critical policies (e.g., Child Safeguarding, Complaints, Confidentiality, Risk Management) was identified. Staff have all been emailed policies and have signed a waiver to have all policies have been sent to them and they are reading through and referring to policies on a day-to-day basis. We will also be prioritising staff policy training in our new scheduled staff meetings every second month in these will we be taking a policy or two per meeting to learn and discuss. We will also be encouraging any questions of concerns regarding policies to be discuss during one-on-one supervision meetings. We will also be prioritising staff policy training in our new scheduled staff meetings every second month in these will we be taking a policy or two per meeting to learn and discuss.
 3. Following a review by the management team and the service owner, it was recognised that regular supervision is essential for staff support, professional development, and accountability. As a result, a structured two-monthly supervision schedule has now been implemented for all staff.
- (b), (c)
4. All staff have previously received training on the Child Care Act 1991 (Early Years Services) Regulations 2016 and the associated Amendment Regulations 2016. However, this training had not been adequately documented across all staff files at the time of inspection.

To reinforce staff understanding and ensure up-to-date knowledge, a refresher training session will be delivered to all staff during the upcoming staff meeting on October 6th, 2025.

Refresher training on the Early Years Regulations will now take place annually, regardless of staff turnover or changes.

A meeting was held with the registered provider and all senior staff to inform and clarify their legal obligation to report all serious incidents to Tusla. A copy of the Tusla “Quality and Regulatory Framework” and the relevant reporting guidance was distributed and explained to all senior staff. A designated person has been assigned the responsibility of submitting serious incident notifications to the inspectorate within the required timeframe.

All current and future staff in management or supervisory roles will receive mandatory training on statutory reporting requirements as part of induction and ongoing professional development (e.g., annual compliance refresher training).

All senior staff and management are currently spending time refreshing their knowledge on the Quality and Regulatory Framework.

Supporting documentation submitted

1. Audit completed and record of training records.
2. Plan for updated planned supervision meetings and staff meetings. Staff meeting agenda.
3. Document with staff signature in relation to the service policies received and read.
4. Management meeting minutes.

Summary Comment

The written response and documentary evidence submitted has been assessed by the Early Years Inspectorate. Regulatory compliance is met for regulation 9(7)(a), (b), (c). This area of practice will be assessed at 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 content of the following policies was reviewed and met the requirement of the regulations:

- Missing child policy.
- Critical Incident policy.
- Risk Management
- Supervision of children indoors and outdoors
- Accident and Incident policy.
- Staff training policy.
- Staff supervision policy.

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 ten children attending the service being supervised directly by two staff members during the inspection.

(2) The minimum ratio of adults to children was adhered to on the day of the inspection.

(8)(a) There were at least two adults on the premises at all times for the duration of the Inspection. This was confirmed following review of the staff roster for the service.

Part IV – Information and Records

Regulation 15 – Record of pre-school child

(1) A registered provider of a pre-school service other than a pre-school service in a drop-in centre or a temporary pre-school service shall ensure that a record in writing is kept in respect of each pre-school child attending the service containing the following particulars:

(f) details of any illness, disability, allergy or special need of the child, together with all the information relevant to the provision of special care or attention;

Compliance Information

(1)(f) A health care plan in writing in respect of a pre-school child who required the provision of special care and attention was available.

Non-Compliance Information

- (f)
1. The registered provider did not ensure that the health care plan was regularly reviewed and updated with the parents. The last entry was dated December 2022.
 2. There was no risk assessment completed by the registered provider in respect of a significant risk recently identified by parents of the pre-school child. This did not align with the accidents and incident policy which stated that “All accidents, injuries and incidents notified to the Early Years Inspectorate are investigated, managed and reported in line with the Service’s accident, injury and incident policy and procedures”.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The child’s healthcare plan has been updated in full consultation with the parents. A healthcare plan review schedule has been introduced to ensure all plans are formally reviewed and updated at least every 6 months, or sooner if the child’s needs change.
2. While risk management measures were implemented immediately upon identification of the risk, and the actions taken effectively eliminated the hazard, these actions were not formally documented in a written risk assessment at the time. This oversight has since been addressed: a full written risk assessment has now been completed, reviewed by the child’s parents, and shared with all relevant staff involved in the child’s care. The risk assessment will be included in the child’s file and incorporated into their specific care plan to ensure ongoing awareness and management. All management and senior staff have been reminded of the requirement to complete a documented risk assessment immediately following any significant concern raised by staff, parents, or children, in line with the service’s policy.

Supporting documentation submitted

1. Health care plan.
2. Completed risk assessment, minutes of management meeting.

Summary Comment

The written response and documentary evidence submitted has been assessed by the Early Years Inspectorate. Regulatory compliance is met for regulation 15(1)(f).

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:

- (h) details of attendance by each pre-school child on a daily basis.*
- (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.*

Compliance Information

- (1)
- (h) A written attendance record was maintained in the service.
 - (i) A written weekly staff roster was maintained in the service.

Non-Compliance Information

- (i)
1. The weekly written roster did not accurately reflect the rostered hours worked by the registered provider.
This was an area of non-compliance following inspection conducted on 26 January 2023. The corrective action submitted by the registered provider following the inspection failed to prevent recurrence of this non-compliance.
- (k)
2. The registered provider did not ensure that a completed written record was maintained to record details of any accident, injury or incident involving a child attending the service.
This did not align to the Missing Child policy which stated that “an accident/incident form will be completed and appropriately signed.”

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (i)
1. The registered provider’s actual working hours have now been accurately recorded on the weekly staff roster, with immediate effect from 1st September 2025.

- (k)
2. A written accident/incident form has now been completed for the incident All staff have received a refresher training on the Accident and Incident Reporting Policy, with emphasis on the requirement to document all accidents/incidents in writing and ensure reports are completed promptly and signed by the staff member and parent.

Supporting documentation submitted

1. Roster, minutes of management meeting.
2. Accident and incident report

Summary Comment

The written response and documentary evidence submitted has been assessed by the Early Years Inspectorate. Regulatory compliance is met for regulation 16.

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 front door was secured by an electronic magnetic lock and a sliding bolt. The service met the necessary safety requirements in respect of the indoor environment, toys and equipment and safe storage of cleaning agents. There was evidence that a daily risk assessment of the indoor environments was completed.

A hook and eye latch were used to secure the gate to the wall in the outdoor area at the rear of the service.

Non-Compliance Information

General Safety:

1. At 9:45 am, on arrival to the service by the inspectors, the main entrance gate to the service was secured as was the main entrance door to the premises. The gate was opened by a staff member who then left it unsecured to return to the building to inform the person in charge. It was noted that the entrance door to the rear of the building was open.

This did not ensure the safety of the children attending the service from unauthorised access by an individual(s) or prevent the risk occurring of a child exiting the service unsupervised. The inspectors secured the gate immediately and advised the person in charge of this occurrence.

This was an area of non-compliance following inspection conducted on 20 January 2025. The corrective action submitted by the registered provider following the inspection failed to prevent recurrence of this non-compliance.

2. A review of the weekly management general risk assessment forms from September 2024 to present was completed. The security of the rear entrance security was repeatedly risk rated as a high risk since 17 September 24. It was noted that 'gate not latching / gate not working'. Corrective actions were completed by the person completing the risk assessment.
3. There was written evidence on the management general risk assessment that the registered provider was informed on 27 and 28 January 2025. Following the last inspection on the 20 January 2025 where it was noted that the entrance gate was not secured, a corrective action was submitted that the electrical magnetic system was repaired however this repair was short term. The person in charge applied a sliding bolt and hook and eye latch. This did not align with the risk management policy which stated, "Control the risk so that harm is unlikely."
4. There was no documentary evidence available that a written risk assessment had been completed by the registered provider following the incident that occurred in May 2025 to determine how it occurred, and the corrective measures required to ensure it does not reoccur. This did not align with the missing child policy which stated that "A full and thorough review of procedures and practices will take place to determine how the incident occurred, and changes will be made if appropriate."
5. A pre-school child was observed opening the hook and eye latch on the entrance gate to the outdoor area which created a potential for the exit of a child from the outdoor area. This did not align with the supervision of children indoors and outdoors which stated that "Children should not be allowed interfere with the gate in outdoor area."

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. As a temporary measure management was immediately assigned to be the only people allowed to open the gate during all drop-off periods until a long-term procedure is in place. Within a day the gate and all external access points have been secured and checked to ensure they are fully functional and compliant with safety requirements. Management will also be doing regular checks daily on the gate.
2. All risk assessment forms have been reviewed to ensure any repeated high-risk items are escalated immediately to the registered provider and tracked until resolved. This was discussed in detail at our management meeting the importance of timing with the registered provider when dealing with high risks that are brought to her from management. The Risk Management Policy has been revised to include an escalation procedure: any hazard rated "high risk" for more than one week must be formally reviewed and signed off by the registered provider, with documented action and timeframes for resolution.
3. The registered provider will carry out monthly audits of incident records to ensure all necessary follow-up documentation (including risk assessments) is completed and on file.
4. A full written risk assessment in relation to the incident on 22 May 2025 has now been completed. The risk assessment includes an analysis of how the incident occurred, the factors involved, and clear corrective actions taken in response. The Incident Management Procedure has been updated to include a mandatory step that a written risk assessment must be completed by the registered provider or person in charge within 24 hours of any serious incident.
5. The handy man has been contacted to come and raise up the gate in our outdoor area So the hook and latch is out of reach for the children in the garden and can only be accessed by adults.

Supporting documentation submitted

General Safety:

1. Video of working gate and fob.
2. Minutes of management meeting.
4. Risk assessment document.
5. Booking confirmation.

Summary Comment

The written response, video and documentary evidence submitted has been assessed by the Early Years Inspectorate. Regulatory compliance is met for regulation 23

Part VI - Safety

Regulation 24 - Checking in and out and record of attendance

- (1) A registered provider shall ensure that each pre-school child attending the service is checked in and out of the service by an employee or an unpaid worker.
- (2) Where there are more than 15 children attending a pre-school service in a drop-in centre, the registered provider shall ensure that one employee or unpaid worker is assigned responsibility for the checking in and out of children.
- (3) A registered provider shall ensure that-
- (a) no person other than-
 - (i) pre-school child attending the service,
 - (ii) a person dropping or collecting such a child,
 - (iii) an employee, or
 - (iv) an unpaid worker, can enter the premises without his or her entry being approved by an employee, and
 - (b) a daily record in writing is kept of the entry on the premises of any such person.
- (4) A registered provider shall ensure that a record in writing referred to in paragraph (3)(b) is retained for a period of one year from the date to which it relates.

Compliance Information

- (1) The person in charge ensured that each child was checked in and out of the service. This was confirmed by the written attendance records maintained in the care room.
- (2) Not applicable.
- (3) (a), (b) The person in charge ensured that any person entering the service was approved and a record in writing was maintained. The inspectors' visit to the service was documented in the visitor's log
- (4) The person in charge confirmed that the records were retained in storage for the required period.

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.

Non-Compliance Information

(1) There was no documentary evidence provided that there were persons trained in first aid for children (FAR) available at all times to the children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) Two staff members are qualified in FAR

Supporting documentation submitted

(1) FAR training certificate for two staff members.

Summary Comment

The written response and documentary evidence submitted has been assessed by the Early Years Inspectorate. Regulatory compliance is met for regulation 25(1).

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

Children were observed being supervised during the inspection by the staff caring for them both indoors in the care room, in the sanitary areas and in the outdoor play area.

Part VI - Safety

Regulation 28 - Insurance

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

Compliance Information

There was evidence of current insurance cover valid until 27 March 2026. The insurance provided cover for 50 children.

Part VIII - Notifications and Complaints

Regulation 31 - Notification of incidents

A registered provider shall notify the Agency in writing within 3 working days of becoming aware of any of the following incidents occurring in the preschool service:

(e) an incident in respect of which a pre-school child attending the service goes missing while attending the service.

Non-Compliance Information

- (e)
- The registered provider did not submit the required statutory notification in writing within 3 working days regarding an incident where a pre-school child was missing from the service in May 2025 to the Early Years Inspectorate. This did not align with the accidents and incident policy for the service.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (e)
- The statutory notification was completed and submitted with the direct support of the Early Years Inspectorate during a recent inspection. The registered provider and management team have completed a thorough review of Tusla's guidance on incident reporting and statutory notifications. The registered provider is now the notification lead and will be solely responsible for ensuring that any notifiable incidents are reported to the Early Years Inspectorate within the required timeframe.

Supporting documentation submitted

- Management team meeting minutes.

Summary Comment

The written response and documentary evidence submitted has been assessed by the Early Years Inspectorate. Regulatory compliance is met for regulation 31(e).