Early Years Inspectorate Regulatory Report
School Age Services

TUSLA Identifier:	TU2019TY010SA
Name of School Age Service:	Carrick Breakfast Club & After School Service
Name of Registered Provider:	Helena O Meara
Address of School Age Service:	45 New Street, Carrick-On-Suir, Co Tipperary
Eircode:	E32 PF67

Date of Inspection:	18 September 2025			
Number of school age children present during inspection:	**AM**	22	**PM**	62
Registration status:	Registered			
Conditions (if applicable):	N/A			

Address of the Early Years Inspectorate	2nd Floor, Estuary House, Henry Street, Limerick, V94 XT5F
Inspection undertaken by:	S O'Brien & L O' Connor
Title:	Early Years Inspectors

Authority to Inspect
Tusla's 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).

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Description of Service:	Carrick Breakfast Club and Afterschool Service is a privately owned school age service based in the town of Carrick on Suir, Co Tipperary. The service caters for children from 4 to 12 years. The service operates from a one-story building with an adjoining cabin and office. Within the main building, there are two care rooms. The adjoining cabin operates as a care room during term time. There is a kitchen and sanitary areas for the children within the main building. During term time, the service operates from 7.30am to 9.30am and 1.50pm to 6.30pm. Outside term time, the service operates from 8am-2pm. The children have access to an outdoor area within the premises and attend a local park which is located within walking distance of the service.
Staffing:	The service employs 18 adults, including the registered provider and 2 area managers. On the day of inspection, there were 13 adults working directly with the children. An area manager arrived at the service shortly after the commencement of the inspection.
Additional Information:	The inspection was carried out as a follow up to a previous inspection on 30 July 2024. The non compliances from this report were inspected. An Immediate Action Notice was issued to the registered provider on 19 September 2025 under the following regulations: • Regulation 9: Staffing levels • Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013 On 19, 20 and 22 September 2025, the registered provider submitted adequate responses and outlined the steps taken to mitigate the risks. Further information can be found under each regulation of this report. The inspectors made a referral to the Fire Safety Officer and the Environmental Health Office under Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013

Legislation

Tusla's Early Years Inspectorate is the independent statutory regulator of School Age Services in Ireland, and its role is to promote and monitor the safety and quality of school age care provision in accordance with the following legislation:

- The Child and Family Agency Act 2013, Part 12.
- Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022.
- The Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018).

A school age service means any early years service, play group, day nursery, crèche, day-care or other similar service which:

a) caters for children under the age of 15 years enrolled in a school providing primary or post-primary education,
b) provides a range of activities that are developmental, educational and recreational in manner, which take place outside of school hours, the primary purpose of which is to care for children where their parents are unavailable, and
c) the basis for access to which is made publicly known to the parents and guardians of the children referred to in point (a) above.

It is the responsibility of a registered provider to ensure the safety and well-being of school age children and the above legislation authorises Tusla to assess compliance with the Regulations.

Inspection Methodology:

The inspection is unannounced to assess compliance with the Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018), Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022, and the Child Care Act 1991, Section 58 as amended by Part 12 of the Child and Family Agency Act, 2013.

The findings on inspection are gathered through a triangulation method, including:

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

This inspection aims to determine the extent to which service is appropriate for the care, safety, and wellbeing of children in accordance with the regulations cited above.

Inspection findings are documented in the School Age Services 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 corrected the non-compliance and how they will prevent them 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 CAPA 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.

Acknowledgements:

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

Summary of Findings:

On inspection, the registered provider was found to be compliant in relation to the following;

- Regulation 8: Vetting disclosure (1)(c)(d)
- Regulation 10: Policies etc. of a school age service
- Regulation 9: Staffing levels (1) (2)
- Regulation 12: Insurance

The registered provider was found to be non-complaint under the following;

- Regulation 8: Vetting disclosure (1)(a)(b) (2)
- Regulation 9: Staffing levels (4)
- Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

Conclusion and follow up actions:

The registered providers documented and photographic evidence was submitted and reviewed by the inspectorate. The non compliances have been addressed and meet the regulatory requirements. This will be reviewed on the next inspection.

Regulation 8: Vetting disclosures

(1) A registered provider of a school age service other than a childminding service 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 Síochana 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.

(2) The procedures specified in paragraph 1 shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the school age service.

Regulatory Requirement Met

(1) It was confirmed that there were 10 adults involved in the service since the previous inspection in July 2024. Documentation relating to the 10 adults was reviewed.

(c) Garda vetting disclosures had been obtained for all 10 staff. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d) Police vetting was required for one adult, and it was available for review.

Regulatory Requirement not met

(1) (a)(b)

While it was noted that seven of the adults had two validated references for review. However, three references were not available, and three references which were available were not validated.

(2)

It was demonstrated that the required documentation was not in place prior to all staff being appointed, assigned or allowed access to or contact with a child attending the school age service. The procedures as required for the consideration of Garda Vetting and references was not carried out for four staff members prior to being appointed, assigned or allowed access to or contact with children. This was a previous non-compliance on last inspection on 30 July 2024.

Corrective & Preventive Action Response submitted by the Registered Provider

The registered provider stated in their response:

Corrective Action

(1) (a)(b)

One staff member who required references and validations is no longer working in the service. References and validations in respect of two staff members were submitted to the inspectorate. All references checks are currently up to date to include references and validations.

(2)

All staff files are now up to date within the service.

Preventive Action

(1)(a)(b)

The service has implemented a new staff check list that the management staff are overseeing to ensure all checks are carried out prior to new employees starting in the service.

(2)

New staff will be vetted after interview, and this will be recorded on the services multi-site vetting portal. This process will be conducted for every new employee going forward. Documented evidence of a checklist for relevant checks to be carried out for each staff member was submitted to the inspectorate.

Summary of Findings

The registered providers response and documented evidence submitted to the inspectorate was reviewed and has met the regulatory requirements. This will be reviewed on next inspection.

Regulation 9: Staffing levels

(1) Subject to this Regulation, a registered provider of a school age service other than a childminding service shall ensure that there is at all times an adequate number of competent and suitable adults on the premises while the service is operating.

(2) Without prejudice to paragraph (1), a registered provider of a school age service other than a childminding service shall ensure that there is a minimum ratio of 1 adult to 12 children at all times while the service is operating.

(4) A registered provider of a school age service shall ensure that the school age children attending the service are appropriately supervised at all times.

Regulatory Requirement Met

(1)(2)

The adult to child ratio was maintained throughout the inspection. On arrival, there were 21 children aged 4 to 6 years with 13 adults. At 3.30pm, there were 62 children aged 4 to 11 years present with 14 adults.

Regulatory Requirement not met

(4) Children were not observed to be appropriately supervised throughout the inspection as follows;

1. Children were not appropriately supervised. The inspector carried out a head count in the Homework room, three children were unaccounted for by the staff. The staff member located these three children in the corridor near the entrance door to the main building. This posed a safety risk to the children as their whereabouts were unknown to the staff. This was at variance with the service's own supervision policy which stated that 'staff must be constantly vigilant in this area, and children must not be allowed in the corridor unaccompanied'.

An Immediate Action Notice was issued to the service on 19 September 2025. A response was submitted by the registered provider on 19, 20 and 22 September 2025 and was deemed adequate. The registered provider stated that the staff have read the services supervision policy.

2. Children's whereabouts were unknown to the staff in the Backroom also. Between 3.25pm to 4.10pm, there was twenty-two children aged 4 to 6 years old present. During this time, children left the room unnoticed to the three staff members. On their return, the staff members asked the children to let them know when they were leaving the room. Shortly afterwards, another child was observed to leave the room unnoticed. This posed a risk to the safety of the children as the staff members did not adjust their supervision strategies to ensure they knew of the whereabouts of each child.

Corrective & Preventive Action Response submitted by the Registered Provider

The registered provider stated in their response:

Corrective Action

1. Staff have read the supervision policy and number boards have been placed in each care

room to record the number of children present.

2. All staff have undergone training and daily checks are carried out. All staff are now aware of their positions within the rooms and ensure that a staff member is always at a room door.

Preventive Action

1. A staff member is at the main door on every collection time to log children in at time of arrival to the service. A staff member is also on the floor at all times to escort children to the bathroom and exit gate.

2. A staff member is now available to escort children to and from the toilet and to the school bags. The service has requested private training in supervision for all staff. The service is awaiting a date for the training. Documented evidence of correspondence in relation to the training was submitted.

Summary of Findings

The registered providers response and documented evidence submitted to the inspectorate was reviewed and has met the regulatory requirements. This will be reviewed on next inspection.

Regulation 10: Policies of a school age service

A registered provider of a school age service shall ensure that the policies and statements specified in Schedule 6 are in place for the service.

Regulatory Requirement Met

The following policies were reviewed:

- Managing behaviour policy
- Administration of medication

The inspectors reviewed the policy and was observed to contain the information required as per Regulation 10 and Schedule 6 of the regulations.

Regulatory Requirement not met
1. While it is noted that the service had a drop off and collection policy, the procedure detailing the measures taken by the service for the collection of children from school was not detailed, as required under Schedule 6 of Registration of School Age Services Regulations (2018).
Corrective & Preventive Action Response submitted by the Registered Provider
The registered provider stated in their response: **Corrective Action** The service has updated the policy, and staff are up to date with the changes. **Preventive Action** A daily collection list is provided to the staff. A daily check in meeting is held to ensure all staff are aware of collection points on school collections.
Summary of Findings
The registered providers response and documented evidence submitted to the inspectorate was reviewed and has met the regulatory requirements. This will be reviewed on next inspection.

Regulation 12: Insurance
A registered provider shall ensure that the school age service is adequately insured.
Regulatory Requirement met
The service was insured for 110 children to attend at any one time. The policy was dated from 28 March 2025 to 27 March 2026.

Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013
It shall be the duty of every person providing an early years service to take all reasonable measures to safeguard the health, safety and welfare of children attending the service and to comply with regulations made by the Minister under this Part.

Regulatory Requirement Met

The staff members were aware of their individual roles and responsibilities. This was evident through discussion with staff members throughout the inspection. There were displays in place identifying key roles with the name of the staff member.

The children from the homework room were provided with an opportunity for outdoor play on the day of inspection. The outdoor area was located at the front of the main building. There was a cover to provide shelter with artificial grass on the ground. On the day of inspection, it was intermittently raining however, this area was suitable for the small group of children who were outside. During this time, the three staff members present were observed to interact warmly with the children while they sat on the couches with the children.

The service collected two groups of children from local primary schools using the service's transport. In discussion with staff members, there were two specific lists with the names of children which were due for collection. At 3.30pm, the named children were present within the service.

The weekly activities which were planned with the three groups of children was on display in the entrance area of the main building. For example, it was planned that the children in the cabin played musical chairs on the day of inspection. This was observed to take place with the children who were present in the cabin.

Regulatory Requirement not met

1. On arrival to the service, the entrance gate was unsecured and the entrance door to the main building was unsecured. Throughout the inspection, it was observed that the gate could be easily opened from the outside. This would not prevent a school age child from exiting unsupervised or unauthorised access to the service therefore posed a safety risk to the children. During the inspection, the children were observed to freely move throughout the premises within close proximity to the entrance gate. An Immediate Action Notice was issued on the previous inspection on 30 July 2024, and the actions taken by the registered provider did not mitigate the risk. The staff were made aware of the risk during the course of the inspection.

An Immediate Action Notice was issued to the service on 19 September 2025. An adequate response was received on 19, 20 and 22 September 2025.

2. Measures were not in place for a child with a diagnosed medical condition. This posed a potential immediate risk to this child's safety. The service was made aware of the risk during the course of the inspection. The following was observed;
   - A care plan detailing the actions to take in the event of an emergency was not available.
   - While it is noted that the child's auto adrenaline injector was within the service. In discussion, staff members outlined that the child required two other types of medication to be administered, prior to use of the auto injector. A staff member with key responsibility confirmed that this was not available within the service. Later in the inspection, one of the two medications were found in the child's school bag. This posed a risk to the child in the event of an emergency, as the location of the medication required was not known and/or available.
   - Foods which contained traces of the known allergen were offered to the child on the day. In discussion, staff members were not aware of the risks posed by specific foods.

An Immediate Action Notice was issued to the service on 19 September 2025. A response was received on 19, 20 and 22 September 2025 and the responses were deemed adequate. The registered provider outlined that a care plan was now available in the service in respect of the child who required it and the medication is now stored in the care room where the child is in attendance.

3. Reasonable safety measures were not in place while collecting the children from school and walking to the service. The following was noted regarding the measures which were in place for the collection of children on the day of inspection;

   - The measures that were in place for staff members did not ensure that all staff were aware of the actual number of children to be collected on foot. This posed a potential risk

of children being uncollected from the school grounds. This was made evident to the inspector on discussion with the staff.

- The services collection policy outlined that a risk assessment would be carried out during the walk to school from the service to ensure it was safe. On request from the service, this was not available.

4. The service did not practice their own fire safety policy. Measures in place regarding monthly fire drills or evacuation procedures were not in place as follows;
   - The services fire safety policy outlined that the service conducts monthly fire drills. On review of records, the last fire drill was conducted on 30 July 2025. The service is registered to operate 51 weeks of the year.
   - It was confirmed by staff that a fire drill was not conducted on different days and times with all children. This was at variance of the services policy which stated that fire drills were carried at different times and days during the sessions to ensure that the service know how to respond in all circumstances.
   - The services fire safety policy outlined that evacuation procedures and routes would be displayed within prominent areas within the service. This was not observed on the day of inspection. This posed a risk to the children and staff in the event of a fire evacuation needing to be carried out.
   - In discussion with staff members, the exit door within the main building was named as an escape route. However, during the course of the inspection this route was obstructed as it was used for the storage of school bags. This was at variance with the services fire safety policy which stated that escape route and exit doors were kept free from obstruction so that they could be safely and effectively used at any given time.

The above findings were referred to the Fire Officer within the Local Authority on 19 September 2025.

5. It was observed that children were not being checked in on arrival to the service. At 2.35pm, in the Backroom, it was observed that 4 children were not checked in since their arrival to the

servicer at 1:50pm on the attendance records reviewed by the inspector. At 3.25pm, the inspector asked for the attendance records for the 33 children that had been in attendance in the service since 3pm. Records were not completed until the inspector brought this matter to the attention of the staff in the Homework and overflow care rooms This was not in line with the services drop off and collection policy which stated that all children arriving at or being collected from the service must be signed in by member of staff. It was also at variance with the service's fire safety policy that outlined that the children's attendance record was used for fire drills. This was noted as a previous non-compliance on inspection on 30 July 2024. This posed a safety risk to the children in the event of an emergency evacuation or in the case of a child being unaccounted for.

6. The food practices of the service were at variance with their own healthy eating policy. The services policy outlined that well-balanced and nutritious meals were provided for the children. On the day of inspection, children were provided with sausage rolls, sausages and wedges. Children were also offered breakfast cereals. In discussion with staff members, children were provided with chicken nuggets and chips the day before. And for the day after the inspection, the planned meal was pizza and chips. A referral has been made to the Environmental Health Office to assess food safety practices.

7. The service's healthy eating policy stated that children have access to drinking water at all times and that a water station was in place in each room. The practices observed were at variance as follows; Water was not observed to be readily accessible for the children within the Backroom, the Homework room or overflow area for the Homework room.

8. The registered provider did not ensure that appropriate measures were taken to ensure that hazardous and/or staff members personal items were stored appropriately. The following was observed;
   - At 3.30pm, the storage room in the cabin was unlocked. Hazardous materials were potentially accessible for the seven children present. It is noted when brought to the attention of a staff member, the storage room door was secured.

- At 5.15pm, the door to the cleaning room, which was adjoining the sanitary area, was observed to be unlocked. During this time, children could potentially access cleaning products and other hazardous items. A staff member was advised and locked the door.

9. The service's own health and safety policy outlined that children do not have access to the kitchen area. The kitchen door was ajar for the children for the duration of the inspection. A staff member was not observed to be in the kitchen at all times. This posed an increased safety risk to the children.

10. The services infection control policy stated that the premises would be maintained in a clean and hygienic state. Furthermore, it stated that cleaning of the sanitary area takes place frequently throughout the day. The record on display was not completed for the day of inspection. The practices observed were at variance of the services policy as follows;

- The children did not have access to warm water. This was at variance to the services infection control policy which stated that warm water was available for handwashing. Cold water may impede effective handwashing practices.

- The open bins within the sanitary area in the main building were overflowing and paper towels were on the floor. This was at variance of the services policy which stated that staff should ensure that bins are never allowed to overflow and that pedal bins were in use in sanitary areas. This posed a risk of the spread of infection.

- A floor mat was on the ground near the toilet. This did not allow for effective cleaning of the area and increased the risk of the spread of infection.

- Black stains were evident on the walls, window frame and celling panels in one of the toilets.

11. In the Homework room, it was observed that a light fitting in the ceiling was missing a light cover. This posed a safety risk to the children as the light fitting had exposed bulbs.

Corrective & Preventive Action Response submitted by the Registered Provider

The registered provider stated in their response:

Corrective Action

1. Another security handle has now been added to the gate. A covering to prevent access from outside the gate has also been added. Photographic evidence was submitted of the security measures placed on the gate.

2. The staff are now fully trained in the administration of the medication and are aware of the child's needs. A care plan for the child was submitted to the inspectorate. All medication that is required by the child is now available in the service and stored out of reach to the children. Food served and available in the service now meet the allergen needs of the children.

3. The collections policy has been updated and daily check in with all staff before collections is carried out. All staff are fully aware that daily risk assessments are to be carried out prior to collecting children. Documented evidence of a risk assessment was submitted to the inspectorate.

4. A storage box for school bags has been placed in the service to allow access to the fire exit door. Photographic evidence of the fire evacuation signage was submitted.

5. One staff member is now taking responsibility of check ins, once the children arrive to the service. When the children are in their allocated rooms, a head count will be completed, and numbers will be recorded on the board in the care room.

6. A healthy eating policy is being fully implemented in the service. Menus have been updated, and photographic evidence of the new menu was submitted.

7. Water jugs are now available in each room and photographic evidence was submitted.

8. All staff are aware of the importance of keeping the door to unsafe areas closed. A notice has been added to the door and photographic evidence of a lock on the door has been submitted to the inspectorate.

9. Staff have all been made aware of the safety issues concerning children entering the kitchen door and it is kept closed at all times. A gate has been installed in the kitchen to ensure children

cannot access the area and photographic evidence was submitted.

10. The mats have been removed from the toilet area and large bins have been purchased. Photographic evidence was submitted. A new floor covering has been installed and photographic evidence was submitted. Repairs have been scheduled to upgrade the walls, window frames and ceilings in the area. A plumber has been appointed to ensure warm water is available in the bathroom.

11. The light fitting has been repaired, and photographic evidence was submitted

Preventive Action

1. A staff member is now allocated the role of gate supervisor.

2. The staff have been given training by the parent of the child. On 05 November 2025, further training was given to the staff by the Irish Red Cross.

3. A weekly message is sent to parents reminding them to update the service of the days their child will be attending the service. The staff now have a list for each collection. A staff member will have the service phone with them to contact parents from the school if any issues arise. All staff have been trained in risk assessments and are available in each room and completed on a daily basis.

4. A new member of staff has been hired to oversee fire safety. Monthly fire drills are now taking place in the service.

5. Daily number checks will be carried out at regular intervals throughout the day to ensure that all children are accounted for and staff will update the number boards when the number of children change.

6. New kitchen staff have been employed, and the weekly menu has been changed with limited processed foods being served. The environmental health officer has carried out checks in the service.

7. As part of the daily set up in the service, water jugs are now available in each care room.

8. A lock has been attached to the door that stores the cleaning products and staff are aware of the importance of securing the door.

9. Kitchen staff has been employed and ensure that children do not enter the kitchen. A door safety gate has been installed to prevent children from entering the kitchen.

10. Staff have been instructed to carry out regular checks throughout the day in the area.

11. Staff have been employed for service maintenance going forward.
Summary of Findings
The registered providers response and documented evidence submitted to the inspectorate was reviewed and has met the regulatory requirements. This will be reviewed on next inspection.