

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2023KE007
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<b>Name of Service:</b>	Elsmore Creche
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<b>Address of Service:</b>	Elsmore, Naas, Co. Kildare
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<b>Eircode:</b>	W91 E8XP
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<b>Name of Registered Providers:</b>	Claire Doyle, Tracey Smullen
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<b>Service type:</b>	Full Day, Part Time, Sessional
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<b>Date of Inspection:</b>	15/10/2025
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<b>Date of Regulatory Compliance Meeting:</b>	15/12/2025
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<b>No of pre-school children:</b>	AM	101	PM	74
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<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, Suite 7, Vista Primary Care, Ballymore Eustace Rd, Naas, Co Kildare
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<b>Inspection undertaken by:</b>	R. Brien & F. Carty
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<b>Title:</b>	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).

<b>Conditions if applicable</b>	N/A
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### Description of service

Elsmore Creche is one of three privately owned services operated by the registered providers. The service provides full day, part time and sessional care for children aged 0 to 6 years. The service is registered to operate from 07:30 to 18:00, Monday to Friday.

The service operates from a purpose-built single storey premises located in a residential housing development in Naas, Co Kildare. There are eight care rooms in the service. Room 1 caters for children aged 2 to 3 years. Room 2 caters for children aged 3 to 4 years. Room 3 caters for children aged 3 to 5 years. Room 4 caters for children aged 9 months to 1 year. Room 5 caters for children aged 1 year. Room 6 caters for children aged 2 years. Room 7 caters for children age 2 to 5 years and Room 8 caters for children aged 1 to 2 years.

The service also has two separate cot rooms. There is a fully enclosed outdoor play area to the rear and side of the premises.

### Staffing

The service currently employs 27 staff. There were 19 adults working directly with the children on the day of inspection who were supported by the manager and deputy manager. The service also employs two chefs and two staff members who carry out administrative duties.

The registered providers do not work directly in the service and were not present on the day of 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/ records/ health, welfare and development of child and safety. The inspection may also focus on other areas as required.

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

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

11 (1),(2),(8)(a) – Staffing levels,

16 (1)(h)(i)(j)(k) – Record in relation to pre-school service,

19 (1)(a)(b) – Health, welfare and development of child,

23 – Safeguarding, health, safety and welfare of child.

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

A sampling process was used to assess compliance under the following regulations;

16 (1)(h)(j)(k) – Record in relation to pre-school service,

19 (1)(a)(b) – Health, welfare and development of child,

23 – Safeguarding, health, safety and welfare of child.

As a result, the scope of the inspection included Room 2, Room 4, Room 5 and Room 8 and the outdoor area.

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

Following the submission of the second CAPA, a regulatory compliance meeting was held on 15 December 2025 with the registered provider and the person in charge to discuss unresolved non-compliance.

## 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
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.

(2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,
- (b) consideration of references from reputable sources in the case of a person who has no past employers,
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and
- (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.

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

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

#### Compliance Information

(1)(a)(b)(c)

The service had a designated person in charge and a named person to deputise as required who were both on the premises throughout the inspection. There was a clear management structure in place in the service.

(2)

The inspection focused on the recruitment records for 19 staff employed since the last inspection on 24 November 2023 and one student who was present on inspection. Regulation 9(2)(c) was reviewed in respect of these 20 adults and 7 other adults who were present during the inspection. Documentation was reviewed in respect of these adults and met regulatory requirements as follows.

(a)(b)

Of the 40 validated, written references that were required, 30 were available from a past employer and 2 were available from a reputable source.

(c)

Garda vetting disclosures from the National Vetting Bureau of An Garda Síochána were available for the 27 adults. 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 16 adults and was available for 3 adults who had lived outside the State for a period exceeding six months as an adult.

(4)

Records were available evidencing that 17 staff members who were employed to work directly with the children held the required qualification or equivalent. Two of these adults held a letter of eligibility to practice and a recognition of qualification letter respectively from the Department of Children, Disability and Equality.

## Non-Compliance Information

(2)

(a)(b)

- Two written references were not available in respect of three adults, and a second reference was not available in respect of two adults employed to work in the service.
- There was no evidence available to demonstrate that five written references in respect of four adults had been validated by the registered providers.

(d)

There was no police vetting available for three adults who lived outside the state for a period of longer than six months as an adult. Police vetting available for 10 adults employed had not been translated and therefore could not be interpreted.

(3)

The registered providers did not take appropriate measures to ensure that all adults were suitable to work in an early years service prior to their commencement as follows.

- There was no evidence to demonstrate that five references had been validated for four adults prior to the adults commencing employment as there were no dates recorded on the validation records.
- Police vetting available for one adult was dated after the adult commenced employment. The adult commenced employment on 15 June 2025 and police vetting was obtained on 19 June 2025.

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

#### Corrective and Preventive Action

(2)

(a)(b)

Upon review, we have located the relevant written references, and these were in the staff files, but not in the specific location (the policy pocket) that was provided for inspection. We understand that the references should have been easily accessible and apologize for not having them in the requested location. We will review all staff files to ensure that references and all other required documentation are properly organized and stored in the policy pocket for ease of access during inspections and audits.

We will validate all references by directly contacting the referees by phone to confirm the authenticity of the written references. Ensure that each reference is verified through a verbal conversation, not just email confirmation. Using our checklist for each new hire, which includes steps for phone-based reference verification. This checklist will be part of the recruitment file for each staff member, ensuring all steps are completed and documented.

(d)

Going forward, all police vetting documents will be filed correctly according to the file checklist available for inspection. The untranslated police vetting records have now been translated and filed. All police vetting records will be translated prior to an employee's start date. This ensures that all necessary documentation is ready and compliant before they begin work.

(3)

- The references were validated but the dates on the validation were not recorded, and this was an error due to human oversight during the process. We will reinforce the reference validation process with all relevant staff to ensure that dates of validation are properly recorded on all reference documentation moving forward. This will be part of a detailed checklist to ensure no information is overlooked in future.
- No corrective and preventive actions were submitted regarding obtaining police vetting prior to adults commencing employment.

### **Supporting documentation submitted**

(2)(a)(b)

Written evidence of references was submitted to demonstrate the corrective and preventive actions submitted by the registered providers.

(2)(d)

Written evidence of translated police vetting for 11 adults was submitted by the registered providers.

(3)

Written evidence including a reference checklist and a staff file checklist were submitted by the registered providers.

### **Summary Comment**

(2)(a)(b)

The corrective and preventive actions as stated by the registered providers have been deemed to address this non-compliance. These actions will be assessed on the next inspection.

(2)(d)

A copy of the translated international police vetting has not been submitted for two staff to the inspector to date. The registered providers are required to furnish the required documentation to the Inspectorate upon receipt. The non-compliance in relation to regulation 9(2)(d) remains outstanding.

(3)

The corrective and preventive actions as stated by the registered providers have been deemed to address the non-compliance regarding validation of references. These actions will be assessed on the next inspection.

Regulation (9)(3) remains non-compliant as the registered providers response did not contain any corrective and preventive actions to address the findings regarding obtaining police vetting prior to adults commencing employment.

### 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 were adhered to at all times during the inspection. There were 101 children attending the service being supervised by 19 adults on the day of inspection.

(8)(a)

There were at least two adults on the premises at all times.

## Part IV – Information and Records

### Regulation 16 – Record in relation to pre-school service

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

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

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

*(j) details of any medication administered to a pre-school child attending the service with signed parental consent;*

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

### Compliance Information

(h)

Details of the attendance of each child in Rooms 2, 4, 5 and 8 were recorded at the time of entering and leaving the service.

(i)

The staff roster was available on the day of inspection and reflected the adults working in the service.

(j)

A sample of 35 medication administration records were reviewed. These records were signed by staff and parents and were completed appropriately.

(k)

A sample of 21 accident and incidents records were reviewed. These records were signed by staff and parents and were completed appropriately.

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

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

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

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

(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.

#### Compliance Information

(1)(a)(b)

The service had a healthy eating policy in place and meals were prepared and cooked onsite. Children attending Room 2 bring in a morning snack from home. Meals were provided at regular intervals. Dinner was served from 12:00. Younger children were given bibs for dinnertime. Drinking water was available to children throughout the inspection and children were given a drink with their meal. Staff supported younger children who needed assistance with their meal.

Children's hands and faces were cleaned after dinner. Children's nappies were changed regularly, and staff were observed engaging warmly with children when providing this care.

There was a designated nap time in Rooms 5 and 8, however children in Room 5 were provided with the opportunity to sleep when they displayed signs of tiredness. All children were made comfortable for sleep, staff provided the children with blankets, and they offered soothers to those who used them.

Children's independence was supported, staff were observed encouraging children to feed themselves, to put their bowls away after dinner and to clean up after their play. Staff provided an appropriate level of supervision whilst supporting the children's independence during play and mealtimes.

Staff demonstrated warmth during their interactions with the children throughout the inspection. Children were comforted promptly when they became upset. Staff were observed to use distraction, gentle tones and praise when promoting positive behaviour in line with the service's behaviour policy.

Staff described how they record information about each child's day using an online application detailing information on food, sleep, nappy changes and activities. Parents were observed in the service during arrival and collection times.

The care rooms provided a range of developmentally appropriate play experiences for the children and were adequately resourced with a variety of materials providing children with the freedom to play and explore. Designated areas of interest included small world toys, home corners, sensory play, construction toys, jigsaws and rest areas with books.

The environments were laid out to support the children's independence. Play materials were observed to be accessible to the children on low level shelving. Low level tables and chairs were available in the care rooms.

A fully enclosed outdoor play area was located to the rear and side of the premises and had artificial grass surfacing. A range of developmentally appropriate play equipment was provided in the outdoor play area. All children were provided with the opportunity to play outdoors and were dressed appropriately to the weather.

### Non-Compliance Information

(1)(b)

1. The registered providers did not ensure that suitable care practices were in place for all children in the service. Provision for children's sleep requirements were inadequate to meet the needs of all children in Room 4 and were contrary to the service policy on safe sleep. One child, aged 9 months, was not provided with the opportunity to sleep when they displayed signs of tiredness. The inspector observed the child yawning, rubbing their eyes and crying. This child was observed to fall asleep in their highchair following their dinner. Although the adults acknowledged that the child was tired, the child was not placed to sleep in a timely manner.

The sleep practices observed during the inspection do not meet the basic care needs of all children and are not in line with suitable child centred care practices.

2. The personal care needs of all children were not met in a timely manner in Rooms 4 and 5. Children were observed with mucus coming from their noses. Staff were observed engaging with the children but did not clean their noses.

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

## **Corrective and Preventive Action**

1. No corrective action submitted.

We will continue to ensure all children's sleep needs are met promptly, we have further emphasized the importance of placing children to sleep as soon as signs of tiredness are observed, without delay and our safe sleep policy has been re-shared with our staff.

2. We have reminded staff of the importance of regularly monitoring children for any signs of mucus coming from their noses. Staff have been retrained to ensure they clean children's noses promptly when necessary and to be proactive in meeting the personal care needs of each child in a timely and compassionate manner. We have reminded staff to promptly clean children's faces when needed, while being mindful of the child's comfort.

## **Supporting documentation submitted**

Written evidence of staff training on the service sleep policy and nose cleaning was submitted to demonstrate the corrective and preventive actions submitted by the registered providers.

## **Summary Comment**

The corrective and preventive actions as stated by the registered providers regarding point 2 have been deemed to address this non-compliance. These actions will be assessed on the next inspection.

Regulation 19(1)(b) remains non-compliant as the registered providers response did not contain any corrective actions to address the findings in point 1.

### 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 entrance door to the service was adequately secured to ensure the safety of the children within and to avoid unauthorised persons accessing the service or children exiting unsupervised.
- The toys and play equipment observed in use by the children on the day of inspection appeared in good working order.
- Cleaning agents and medicines were stored safely out of reach of children.
- All storage facilities were inaccessible to children.

##### Infection Control:

- Liquid soap, warm water and paper towels were available to facilitate hand washing.
- Waste was managed appropriately with the use of pedal bins.
- Individual bed linen was provided for children and was stored separately when not in use. Staff stated that bed linen is laundered weekly or as required.
- All cot mattresses in use had waterproof covers.

##### Administration of Medication:

- There were documented care plans available for children attending the service who required emergency medication. Staff working in the rooms with the children were aware of the treatment plans and demonstrated knowledge of the procedures to follow if the medication was required.
- Staff demonstrated, through discussion, that they were familiar with the procedures and practices in place for the administration of medication in line with the service's policy on medication administration.

##### Safe Sleep:

- Children were physically monitored while sleeping and sleep checks were documented every ten minutes. Discussion with staff demonstrated that staff were familiar with safe sleep guidelines.
- An adult remained in the room at all times where children were sleeping on low beds.

##### Fire Safety:

- All fire exits were clear of obstruction.

#### Non-Compliance Information

### Infection Control:

1. Some handwashing practices observed were inconsistent and at variance with the policy in place in the service posing a risk of the transmission of infection as follows.
  - In Room 5 a staff member was observed to clean a child's nose but did not wash their hands following this.
  - Staff and children were observed lifting the lid of pedal bins to dispose of paper towel following hand washing.
2. Some nappy changing practices observed during the inspection were inadequate for infection control purposes and at variance with the service's nappy changing procedure as follows.
  - Staff were observed handling the lid of the bin and redressing the children while wearing the same gloves used for nappy changing.
  - Staff did not consistently disinfect the changing mat following nappy changes.
  - Staff did not consistently wash their hands following nappy changing.
  - There was no requirement in the nappy changing procedure on display to remove and change used gloves to apply cream during nappy changing.
3. The children attending Room 8 were of an age where they explored toys with their mouths. During the inspection there was no attempt made to remove the toys when mouthed despite the room having a designated box for this purpose. The toys remained in use between the different children posing a risk of the transmission of infection.
4. In Room 8, children were observed drinking from each other's beakers posing a risk of the transmission of infection.
5. In Room 8, soothers were not stored separately posing a risk of the transmission of infection.

Action submitted by the Registered Provider

### Corrective & Preventive Action

#### **Infection Control:**

1. We will continue to reinforce the importance of handwashing after any direct contact with a child's bodily fluids. Staff have been reminded to wash their hands promptly in these situations to ensure proper hygiene practices are followed.

We reinforced with staff the correct practice of using the pedal bins without touching the lid. We will continue to emphasize the importance of this practice in our staff meetings, as well as ensuring that staff consistently model proper behaviour. Regarding the children, we understand that they are still developing certain skills, including disposing of items without touching the bins. We will continue to support and guide children to use the pedal bin appropriately, considering their developmental stage, while ensuring that staff remain vigilant in helping them with these tasks.

The handwashing policy has been re-shared with all staff, who have signed and acknowledged their commitment to implementing and reinforcing the policy in their daily practices. This will continue to be emphasized in staff meetings and during individual supervision to ensure consistent adherence to the procedure. We will continue to do regular spot checks to ensure the proper use of pedal bins are consistently followed. Any issues or deviations will be addressed immediately to maintain a safe and hygienic environment.

2. We take the infection control and hygiene procedures in our nappy changing process very seriously and strive to maintain high standards at all times. Staff are trained in our nappy changing procedure from day one and spot checks are done during the day. The practices observed during the inspection are not representative of our normal standards. In our daily operations, staff are expected to follow the nappy changing procedure outlined in our policy, which includes handling gloves, disinfecting changing mats, and washing hands consistently. These practices are regularly monitored during spot checks and they are typically followed without issue. The requirement to change gloves when applying cream is outlined in our Soiled Nappy Changing Policy, which is on display in each nappy changing room, alongside the wet nappy changing procedure. The Soiled Nappy Changing Policy includes the necessary steps for infection control, including the correct handling of gloves during nappy changes, and specifically addresses the need to change gloves before applying cream or handling any other items after changing a soiled nappy.

3. It is our practice to manage mouthing toys in accordance with our Mouthing Toys Policy, which includes the use of a designated box for toys that have been mouthed. During the inspection, the failure to remove mouthed toys from circulation was not in line with our usual practices and we have taken immediate steps to address this issue. We have already shared the Mouthing Toys Policy with all staff and they have signed and acknowledged their understanding and commitment to following the procedure. Staff will be reminded regularly during meetings, and our team leader and manager will monitor staff practices to ensure compliance throughout the day.
4. Each child's beaker is labelled and sometimes children, particularly at a young age, may sometimes inadvertently share beakers. This is typically unintentional, but we recognize the importance of preventing this to avoid the potential transmission of infection. As part of the daily routine, staff will continue to gently remind children of the importance of drinking from their own beaker to prevent the spread of germs.
5. The soothers were placed in a clean bowl after being sterilized the evening before. All staff are fully aware that soothers should be stored in their original boxes to ensure proper hygiene and infection control. Unfortunately, this was an oversight on the day and we will ensure that it does not happen again moving forward. Staff were reminded that the soothers need to be placed in their original containers as they arrive to the room. This is being spot checked in the morning by the team leader and manager.

### Supporting documentation submitted

#### **Infection Control:**

Written evidence was presented to demonstrate the corrective and preventive actions submitted by the registered providers.

#### **Summary Comment**

The corrective and preventive actions as stated by the registered providers have been deemed to address these non-compliances.