

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY205
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Name of Service:	Suantraí Crèche
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Address of Service:	62/63 Eccles Street, Dublin 7.
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Eircode:	D07 YH5R
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Name of Registered Provider:	Suzanne Dempsey
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Service type:	Full Day
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Date of Inspection:	20/07/2026
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No of pre-school children:	AM	46	PM	47
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Address of the Early Years Inspectorate:	Early Years Inspectorate 2 nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolín Dublin 15 D15 CF9K
Inspection undertaken by:	C. Harte and JA. McKimm
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).

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Description of service

Suantraí Creche is a full day care service located on the north side of Dublin city centre and delivers early childhood care and education to children aged 0 to 6 years of age, to children of staff who work in the Mater Hospital which is located nearby. The service participates in the Early Childhood Care and Education (ECCE) programme.

The service is delivered from the converted basement floor of two neighbouring Georgian residential buildings and a second detached single storey building in the rear of the garden.

The rooms available include Baby Room 1 (12 – 15 months), Baby Room 2 (14 months -2 years), Playgroup (22 months -2.5 years), pre-ECCE (2.5-3 years) and the ECCE Room (3 - 5 years). The premises also includes two kitchen areas, a staff room, an office, nappy changing and sanitary facilities. There is a large outdoor play area located between the two buildings and an additional smaller outdoor play area behind the second building. There is a fully sheltered enclosed play area located across the back of the Georgian building at basement level.

Staffing

The registered provider currently employs 23 staff to work within the service. This includes the designated person in charge, two deputy persons in charge, two kitchen staff and 18 early years professionals who work directly with the children. On the day of the inspection there were 19 staff present including the person in charge, two deputies and one kitchen support staff member. The registered provider does not work directly in the service.

Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

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

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

A sampling process was used to assess compliance under regulation 19 Health Welfare and Development of Child and as a result, the scope of the inspection included baby room 1, baby room 2, playgroup and pre-ECCE.

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.

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.

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Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

- (a) the service has a designated person in charge and a named person who is able to deputise as required,*
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and*

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

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

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

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

Compliance Information

(1) The registered provider ensured that;

- (a) The service had a designated person in charge and named person to deputise as required.
- (b) Documentary evidence showed either the person in charge or the deputy person in charge were rostered to be present during the operational hours of the service the day of inspection.

(2) A review of paperwork and discussion with management showed that thirteen new staff have been employed since the last inspection. The full files of all new staff were reviewed. A review of records maintained by Tusla demonstrated that nine existing employees had garda vetting disclosures which had expired, updated vetting disclosures were also requested for review as part of the inspection process. The registered provider had completed the following checks:

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- (a) Twenty-six written references were available from past employers. Twenty-five had been validated.
 - (c) Garda vetting disclosures had been obtained for 22 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 available for two adults who had lived in a country other than Ireland for a period of six months or more as an adult.
- (4) Evidence was available to show that twelve adults who worked directly with the children held 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.

Non-Compliance Information

- (2) (a) There was no evidence to show that one reference had been validated. It is acknowledged that a second validated reference was on file for the staff member however full documented checks must be completed prior to a person commencing employment in order to establish they are appropriate to have access to children.
- (3) The registered provider did not ensure that the checks required under (2) were completed in advance of the start date of three staff members. Full documented checks must be completed to a person commencing in order to establish they are appropriate to have access to children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2) (a) This reference was validated on the 22 July 2026 via phone call. This reference is now stored in this individuals file. This can be reviewed upon request. A meeting was held with management following the inspection. Going on forward, all checks, documentation, and references will be fully completed and reviewed by a second member of management prior to a person commencing work in this service.
- (3) Management reviewed all documents on file. Files are now fulfilled with hard copies confidentially and kept in a locked press for management access. Upon review, full document checks will be completed and checked by a second member of the management team, prior to a person commencing work with children in this service. Staff files will be reviewed regularly and stored accurately, to guarantee this does not happen again.

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Supporting documentation submitted

None submitted.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified under Regulation 9 has been addressed.

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.

Compliance Information

- (1) The registered provider ensured there was adequate staff available to the children at all times during the day for example 16 staff were working directly with 46 children on the morning of inspection and 16 staff working directly with 47 children on the afternoon of inspection. The person in charge and one deputy person in charge was supernumerary and available to provide support in the care rooms as needed.
- (2) The adult child ratios were correct when the inspectors arrived unannounced to the service and throughout the inspection. Staff were aware of the required ratios for the age range of children.

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Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

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

(b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.

Compliance Information

(1) (b) The following practices were observed in place to support the children attending:

- The atmosphere throughout the service was pleasant and calm. Staff engaged with children using child friendly tones.
- Staff were observed to be responsive to the children within their care, for example a child who had a small trip in the garden was immediately provided with comfort and reassurance.
- Children were guided through transitions with the use of songs, stories and play. Staff were observed to invite children in a relaxed manner for nappy changing and toileting. Toilet cubicles had individual doors supporting privacy.
- Children's footwear and heavy clothing were removed prior to sleep. Dimmed lighting helped create a restful environment for sleeping children.
- Mealtimes were observed to be regular, and children were given ample time to enjoy their meals. Additional food was provided was available.
- A three-week service menu was available for review which also highlighted the need for parents to advise the service of any food allergies and how to raise any queries regarding the menu.

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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 service entrance was secure when the inspectors arrived unannounced to the premises. Staff attended the door to allow access.
- Window restrictors were observed in place to prevent children from accessing or falling from windows.
- A low-level handrail was available on the steps leading to the garden from the main building.
- Air conditioning was used in the back building to help maintain comfortable and safe temperatures for play and sleep.
- Children using highchairs were appropriately strapped in using the safety harness.
- Clear signage displayed in the service informed staff and visitors of the designated liaison persons.

Infection Control:

- Weekly cleaning rosters were displayed throughout the care rooms.
- Children had individual bed linen available and staff advised of weekly laundry routine.
- Windows were open throughout the premises allowing fresh air to circulate.
- Foot pedal operated bins were available throughout the service supporting effective hand hygiene practices.
- Staff were observed to complete hygienic nappy changing practices.

Safe Sleep:

- Children had appropriate sleep facilities based on their age and stage of development including cots, floor beds and sleep mats.

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Non-Compliance Information

General Safety:

1. The kitchen door in the back building was observed to be propped throughout the morning of inspection. This posed a safety risk to children.
2. Cleaning sprays were not safely stored out of children's reach in the playgroup and pre-ECCE rooms. This posed a potential risk of accidental poisoning.
3. Cables were not safely secured in the pre-ECCE room which posed a potential injury risk to children.
4. Two cracked mirror tiles in baby room two posed a safety risk to children.

Infection Control:

5. In the pre-ECCE sunscreen basket, five suncreams were observed without a label. This posed a potential infection control risk and risk of skin irritation.
6. Radiators in baby room two had exposed rust and posed an infection control risk.
7. The door in baby room two cot room had a sticky residue and posed an infection control risk.

Administration of Medication:

8. The management of emergency medication on the premises was at variance to service policy and posed a potential risk of inaccurate medication administration.
 - There were no care plans available for two children who required emergency medication detailing key information such as signs and symptoms and administration requirements.
 - Emergency medication was not stored in its original packaging, clearly labelled with the child's name. It was observed stored in an unlabelled bag on top of a press.
 - Management were not aware of the administration requirements or type of emergency medication being held on the premises.

It is acknowledged that one child who required emergency medication was attending the day of inspection and the staff who were providing direct care to this child were aware of the location of the medication and how to administer. The service had consent to administer the medication on file.

Safe Sleep:

9. Practices in place during sleep posed a potential risk to children safety. The following was observed:
 - Discussion with staff and observation on inspection confirmed that a child over two years old was given a bottle while on a sleep mat prior to sleep. The bottle remained alongside the child during sleep.

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- Three children under two were observed sleeping with comforters. This is not in line with the services safe sleep policy or Tusla's safe sleep guidance.

Fire Safety:

10. A review of available documents and discussion with staff provided varying information regarding the fire evacuation process across the service. This posed a risk of hindering safe evacuation in the event of an emergency.

- Staff provided varying accounts of the evacuation procedure, and which items to take in the event of an emergency including different mechanisms for records of children present. The service policy outlines that staff will exit the building with the roll book, the service fire order notice displayed states to exit and call roll.
- On the day of inspection one child present in the service was not signed in on the roll book. It is acknowledged the child was marked as present on a software application.
- Care rooms included a room evacuation list that stated it would be taken in the event of an evacuation. These lists were not consistently reflective of the staff and children present in the care rooms. Staff advised how some children listed had moved care room or left the service.

All staff should be informed of a clear and comprehensive fire safety procedure to support safe evacuation in the event of an emergency.

11. The walkway leading from the main building to the garden area and second building which forms part of a fire evacuation route was partially obstructed with play equipment on the morning of inspection. This could hinder safe evacuation in the event of an emergency.

It is acknowledged this was removed by management during the inspection.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. All doors now contain a sign to remind staff to keep them closed at all times. This general safety non-compliance issue that arose on the day of inspection was highlighted to all staff members. This was a revision for all staff members and management about the 'daily risk assessments' to assure this issue does not arise again.
2. After reviewing the general safety of all cleaning products in each of the following rooms 'Playgroup' and 'Pre-ECCE', all cleaning sprays are now safely stored out of children's reach. All general safety non-compliance issues that arose on the day of inspection have been outlined to staff and highlighted about using the room

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daily risk assessments to assure these issues do not arise again as well as storing cleaning products out of reach of all children.

3. Cables were safely secured in the Pre-ECCE room, the following day. Maintenance were called over to review and assess the issue. This was then fixed by installing cable covers in 'Pre-ECCE room'. There was attention made to the safety of storing cables and wires correctly out of reach of children. It was also addressed that if this was to happen again, this should be reported as soon as possible to management and maintenance will be called.
4. On the day of inspection, the two cracked mirror tiles had been removed from Baby Room 2. There were no children present while this was being carried out. The mirrors were disposed out of this facility. All staff members were made aware of addressing issues or health and safety hazards as soon as they become aware of it. There should be no instance where an issue has not been brought to management. This was then reinforced to all staff members to be using this daily risk assessment with the intention of applying it to practice.

Infection Control:

5. The following day, all sun creams in the Pre-ECCE were labelled. Following on from this inspection, All sun creams were checked to ensure that they were labelled accordingly. Going forward, we will guarantee to label sun creams as they come in.
6. After the inspection, all ground floor radiator covers in both Baby Room One and Baby Room Two have been removed and replaced by new wooden radiator covers. The management team have been assigned to check all furniture on a regular basis as per the 'daily management risk assessment check list'.
7. The door in Baby Room Two has been sanded and painted since the inspection. Staff have been advised to no longer use sticky tape on the doors.

Administration of Medication:

8. After reviewing the 'Administration of Medication' carefully, we implemented a care plan for each child who require emergency medication, detailing key information. Children who currently have emergency medication have care plans that include a sign off form from a medical professional. All Emergency Medication is stored in a secure box within the room, out of reach of children. Following the inspection, management reviewed all policies and procedures surrounding emergency medication. 9.

Safe Sleep:

9. All staff members were made aware that if a child requires a comforter that the item is removed once the child has fallen asleep. Bottles will be given prior to sleep time, to prevent choking or any health and safety

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issues that may arise from this. All safe sleep non-compliance issues that arose on the day of inspection have been outlined to staff and highlighted in the daily risk assessments to assure these issues do not arise again. Staff were also advised to revisit the policies and procedures connected to safe sleep and take the correct measures and precautions to prevent this from occurring again.

Fire Safety:

10. All staff have been verbally informed of a clear and comprehensive fire safety procedure to support safe evacuation. All staff members have been advised to revisit policies and procedures connected to fire safety. Each room has a fire evacuation list which is monthly reviewed, but it was addressed to all staff members that the roll book is the most reliable due to attendance on a given day, as well as up to date with staff changes, access to emergency contacts. This has been reinforced to all staff members to strictly use the roll books which are precise with timing and attendance.
11. Management informed all staff members that there is a designated space for play equipment. It was made aware that this should not happen in any circumstances. All fire safety non-compliance issues have been highlighted to staff and are seen in the managers daily risk assessments to assure this issue do not arise again. Staff now are aware to keep this area clear at all times and to find a designated spot for any sort of play equipment where it is not obstructing fire evacuation routes.

Supporting documentation submitted

General Safety:

Photographic evidence.

Infection Control:

Photographic evidence.

Administration of Medication:

Photographic evidence.

Safe Sleep:

None submitted.

Fire Safety:

Photographic evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliances identified under Regulation 23 have been addressed.

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Part VI - Safety

Regulation 25 - First aid

(1) A registered provider shall ensure that a person trained in first aid for children is, at all times, immediately available to the children attending the pre-school service.

(2) A registered provider shall ensure that a suitably equipped first aid box for children-

(a) is safely stored in an easily accessible and conspicuous position on the premises, and

(b) is available to the children attending the pre-school service at all times.

Compliance Information

(1) A review of available documentation demonstrated that a person trained in First Aid Responder training was available to the children attending the service during the operational hours the week of the inspection.

(2) The registered provider ensured that:

(a) A suitably equipped first aid box was available on the premises.

(b) The first aid box was easily accessible and readily available.

Part VI - Safety

Regulation 26 - Fire safety measures

(1) A registered provider shall ensure that a record in writing is kept of-

(a) any fire drill that takes place in the premises, and

(b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.

Compliance Information

- (1)
- (a) A record was maintained of all fire drills which had been completed in the service. The records indicated that fire drills were carried out monthly. The last recorded fire drill took place on 16 June 2026.
 - (b) A record of the number, type and maintenance record of firefighting equipment and smoke alarms in the premises was available. The certificates reviewed showed that the firefighting equipment had been serviced on 30 September 2025 and the smoke alarms serviced on 02 March 2026.