

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY043
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Name of Service:	Carousel Day Nursery
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Address of Service:	Kilmore Road, Artane, Dublin 5.
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Eircode:	D05 C7X8
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Name of Registered Provider:	Anne Marie Doyle
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Service type:	Full Day, Part Time, Sessional
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Date of Inspection:	13/04/2026
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No of pre-school children:	AM	44	PM	26
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Address of the Early Years Inspectorate:	Early Years Inspectorate, Floor 7 Brunel Building, Heuston South Quarter, St John's Road West, Kilmainham, Dublin 8 D08 X01F
Inspection undertaken by:	E. Griffin and M. McDonnell
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

Carousel Day Nursery is a privately operated service located in an industrial area in North Dublin. The service is registered to provide full time, part time and sessional pre-school care and education to up to 55 children aged between 0 to 6 years from 7:30 to 6:15pm Monday to Friday. The service currently operates from 7:30am to 6:00pm Monday to Friday. At the time of the inspection, the service did not have children under 1 years of age registered. The service participates in the Early Childhood Care and Education (ECCE) scheme and operates two morning sessions between 9:00am to 12:00pm. The service also offers a registered school aged care service.

The service consists of a kitchen, a staff room and four care rooms which include the Baby Room, Playgroup room, Montessori 1 room and Montessori 2 room which is also referred to as the Indoor Garden room and is used to provide school aged care during the afternoons. There is a large enclosed outdoor area to the front of the service which is divided into three sections; two of which are used by the children for outdoor play.

Staffing

The registered provider works in the service and employs sixteen adults. Staff include thirteen childcare workers one of whom is employed under the aim model, two of whom work in both the preschool and school aged service and one adult who provides support to the care rooms during the mornings in a supernumerary capacity. There is also one cook and a part time administrator.

On the unannounced arrival of the inspection team the deputy person in charge, nine childcare staff and one adult who works in the service in a supernumerary capacity were present. The registered provider arrived shortly after the inspection began and remained on site to provide support in the care rooms where required and to help facilitate 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

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The findings on inspection are based on:

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

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

A sampling process was used to assess compliance under the following:

- Regulation 9(7) Management and Recruitment
- Regulation 19(b) Health Welfare and Development of Child
- Regulation 23 Safeguarding Health, Safety and Welfare of Child.

As a result, the scope of the inspection included all care rooms.

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

This inspection was triggered as a result of information received to the inspectorate on 2 April 2026.

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Acknowledgments

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

Statutory Notices

Notice	Date Served	Detail
Improvement Notice IN0341	13/04/2026	The service did not ensure safe administration of prescribed emergency medication in relation to two children attending the service.
Status	Action was taken by the registered provider immediately following service of the Notice and the provider submitted a written response with detailed corrective and preventative actions which were accepted by the inspectorate.	

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-

- (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*

(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;*

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

Compliance Information

- (1)
- (a) The service had a designated person in charge and a named person to deputise as required.
 - (b) A review of the roster evidenced that either the person in charge or the deputy person in charge were rostered to be present during the operational hours of the service.
 - (c) There was a clear management structure in place, and this was further evidenced through discussion with staff and management.
- (2) A review of paperwork and discussion with the person in charge showed there are currently sixteen adults employed by the registered provider to work in the service. The registered provider confirmed that there have been no new staff recruited to work in the early years' service since the last inspection. Garda vetting disclosures for four adults whose files had been reviewed on the last inspection were reviewed.
- (c) Garda vetting was available for four adults however, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under regulation 23 of this report.

Non-Compliance Information

- (7) (a) A review of documentation and discussion with staff and management showed that staff training and supervision had not been carried out in line with service policy. Evidenced by the following.
- There were no written records of staff meetings which through discussion with staff and management had taken place.
 - There were no written records of three one-to-one meetings which through discussion with staff and management had taken place.
 - When asked about staff supervision and support, eight of the ten adults could not remember the date of their last individual supervision session. In addition, there were no written records of staff supervision available for review.
- The supervision of staff service policy states that 'all group and individual meetings will be recorded'.
- There was no documentary evidence available to show that two adults had completed their mandatory child safeguarding training which is required for all adults working with children to be completed every three years. In addition, there was documentary evidence to show that three adults child safeguarding

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training was out of date and had not been renewed. It is acknowledged that adults reported to the inspection team that they had been made aware how to identify child protection concerns and the reporting procedures which needed to be followed.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Management have arranged a staff meeting with all the staff and will continue to hold a staff meeting every 6 weeks after this. Management have started one to one appraisal with the staff; Management have created a new folder for all the staff supervision written recordings of our meetings from now on. Management will keep a written record of all staff meetings going forward. All staff members are now up to date with child safeguarding, and this will be closely monitored.

Supporting documentation submitted

- Documentary evidence of staff appraisal forms.
- Documentary evidence of up-to-date child safeguarding training.

Summary Comment

The corrective and preventive actions submitted by the registered provider are sufficient to address the non-compliance identified under Regulation 9.

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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) There was an adequate number of adults working directly with the children attending the service. On the morning of the inspection there were nine adults working directly with 45 children aged between 1 to 5 years. During the afternoon of the inspection there were six adults working directly with 26 children aged between 1 to 5 years of age. In addition, the registered provider was available to provide support to the care rooms when required during the inspection.

Non-Compliance Information

(2) The registered provider did not ensure that the minimum ratio of adults to children was maintained at all times. An insufficient number of adults was available to the children in the Playgroup room during sleep time.

Service Type	Age Range	Number of children present	Number of adults present	Minimum number of adults required
Full Day Care	2- 3 years	10	1	2

The correct adult child ratio for this age group is one adult caring for six children attending on a full-time basis.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) Management have noted there needs to be two staff members with the children at sleep time. Management have adjusted the rosters to facilitate this and have also instructed the staff member who organises the staff shifts to keep this regulation in mind at all times.

Supporting documentation submitted

- No supporting documentation submitted.

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Summary Comment

The corrective and preventive actions submitted by the registered provider are sufficient to address the non-compliance identified under Regulation 11.

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 registered provider ensured that.

- Staff advised that children are offered breakfast between 7:30am to 9:00am. The service also provided a hot meal which were prepared onsite. Different dietary requirements were catered for if required and additional food was observed to be available, for example, spaghetti bolognese was served at dinnertime and there was an alternative vegetarian pasta available. Children also bring snacks provided from home. The registered provider discussed how the healthy eating policy is shared with parents of the children and alternative snacks are available if required.
- Children's labelled water bottles were available within their reach throughout the session, should they feel thirsty at any stage.
- Mealtimes observed were sociable events, staff chatted to the children and children were encouraged to tidy up after mealtimes supporting independence and wellbeing.
- Children were observed to have the freedom to move freely in their care room and independently choose their activities and play experiences. Activities and materials available were suitable for the age and stage of the children in the care rooms.
- There were cosy areas with a soft mat, cushions and books for rest and relaxation present in the care rooms.
- The presence of a 'Birthday Time' display, and the children's artwork were displayed throughout the care rooms in the service Identity was promoted a sense of belonging for the children.
- Child sized tables and chairs were available to the children, providing a comfortable area to eat snacks and take part in tabletop activities. The Montessori 1 room had defined areas of interest with supporting

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equipment. Toys and materials were themed which provided for spontaneous play opportunities.

Montessori learning approach materials supporting the areas of practical life, sensorial, language, maths and culture were also present. In the Baby room there was adequate space for the children to explore their environment which included a selection of age and stage appropriate toys and equipment such as pull along toys and cause and effect battery operated toys.

- Children were observed to play outdoors. This supported their social, cognitive, and gross and fine motor development.

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 main entrance door which leads into the service was appropriately secured to prevent a child from exiting unsupervised and to prevent unauthorised access to the service.
- The outdoor play area exit was appropriately secured to prevent a child from exiting unsupervised and to prevent unauthorised access to the service.
- The inspection team were asked to show identification and sign in the visitor book by a member of management who answered the door.
- Blind cords were secured and there were window restrictors in place.
- The kitchen area was inaccessible to the children throughout the inspection.
- Staff were observed to check children's snack boxes brought from home for choking hazards such as uncut fruit.
- Medication was stored safely out of the reach of the children.

Infection Control:

- The sanitary accommodation was equipped with warm running water, liquid soap, and hand drying facilities.
- Foot operated pedal bins were observed to be used by children and staff for the appropriate disposal of waste in the care rooms and sanitary facilities.

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- An ambient temperature of 16-22°C was maintained in the care rooms, and the windows were open to allow fresh circulation of air.
- Soothers used within the service were stored in individually labelled boxes.

Safe Sleep:

- Staff monitored sleeping children's breathing, position and colour every ten minutes.
- Heavy outer clothing was removed from the children before sleep time.
- Children under two years of age were provided with a cot for sleeping. Children over two years of age were provided with individual sleep beds.
- An ambient temperature of 18-22°C was maintained for sleeping children aged between 1 to 5 years old.

Fire Safety:

- Up to date contemporaneous attendance logs for staff and children were available which facilitate the safe evacuation of the premises in the event of an emergency.
- Emergency evacuation routes were clear of obstructions and fire evacuation procedures were displayed on the walls of the service.

Non-Compliance Information

General Safety:

1. Liquid hand sanitizer, washing up liquid and batteries were observed to be stored and were accessible to children in an unlocked press under the sink in the Montessori 2 room. This posed a potential risk of injury to children. It is acknowledged that staff in the room removed the risks once the identified risk was brought to their attention. A similar non-compliance was observed on the previous inspection, and the preventive action had not been sustained.
2. Two trailing flexes were observed to be hanging and were accessible to children in the Montessori room. This posed a risk of injury. It is acknowledged that staff in the room removed the risks once the identified risk was brought to their attention.
3. Two garda vetting disclosures reviewed were not dated within three years. This was not in adherence with early years inspectorate regulatory notice requiring services to renew staff garda vetting every three years. It is acknowledged that there was evidence to show that the vetting disclosures had been applied for prior to the inspection, however, the vetting disclosures had not been received prior to their expiry date. A similar non-compliance was observed on the previous inspection, and the preventive action had not been sustained. This posed a safeguarding risk.

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4. A sample of nine accident and incident records were reviewed. Four of the records were not complete. Evidenced by the following.

- On three of the records there was no evidence to show when the parent/guardian was informed of the day of the accident/ incident as the dates were left blank beside the parent's signature.
- There was no accident and incident record available for one child who through discussion with staff and management had attended hospital following an accident which had occurred in the service.

It is important that parents are presented with full details of any incidents or accidents on the day, so that they can appropriately monitor their child. This posed a potential risk of safety

5. A risk of injury was present in the outdoor area in relation to broken equipment which was accessible to the children. The following was observed.

- One of the chalk boards had sharp, broken edges.
- Concrete posts were broken with sharp edges.

The broken equipment was accessible to children and had the potential to cause an injury.

Administration of Medication:

6. See Statutory Notice section in relation to Improvement Notice IN0341 served.

Safe Sleep:

7. A child aged between 1 to 2 years was observed to be sleeping with a cuddly toy in their cot. This was not in line with current safe sleep guidance or the service safe sleep checklist. It is acknowledged that there was a staff member present in the cot room during this time. This posed a safe sleep risk.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. Management have put a child safe lock on the cupboard. Management have discussed the importance of keeping this door lock with the staff in the room.
2. The trailing flexes were removed immediately. Management have discussed the hazards of trailing flexes in the room with the staff in question.
3. This garda vetting has been re-applied for. Management have decided to ensure garda vetting forms are submitted two months in advance of expiry of existing vetting documents.
4. Management has noted this and bought a new accident and report book where all paperwork will be kept together and prevent the loss of documents. Management has contacted the child's mother and received the child's accident report form that she received at the time of the accident and so we now have a copy

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of this form too. All staff have been informed to make sure the accident and incident report forms have been completed correctly.

5. The chalkboard has been removed, and the concrete posts have been covered with safety protective covers.

Administration of Medication:

6. See Statutory Notice section in relation to Improvement Notice IN0341 served.

Safe Sleep:

7. The cuddly toy was removed immediately. Management have discussed with staff that the cuddly toy will have to be removed after the child goes to sleep.

Supporting documentation submitted

General Safety:

1. Photographic evidence of child safety lock on cupboard.
2. No supporting documentation submitted.
3. No supporting documentation submitted.
4. No supporting documentation submitted.
5. Photographic evidence of the chalkboard removed and the safety protective covers on concrete posts.

Safe Sleep:

6. No supporting documentation submitted.

Summary Comment

The registered provider has addressed the non-compliance identified under Regulation 23. The practices outlined in the corrective and preventative actions will be reviewed on the next inspection.

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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) There was documentary evidence to show that two adults held certification in First Aid Response training and that one of the two adults was rostered to be available at all times to the children attending the service.
- (2) (a) The first aid equipment was safely stored, and unobstructed if needed to access quickly.
- (b) A suitably equipped first aid box was available at all times to the adults caring for children attending the service.

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:

- (d) a serious injury to a pre-school child while attending the service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise;

Non-Compliance Information

- (d) The registered provider did not ensure that the procedures specified under Regulation 31 was completed within three working days regarding a notifiable incident where the child required emergency hospital medical treatment.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

This has been noted by the registered provider and will be adhered to in the future.

Supporting documentation submitted

- No supporting documentation submitted.

Summary Comment

The corrective and preventive actions submitted by the registered provider are sufficient to address the non-compliance identified under Regulation 31.

Part VIII - Notifications and Complaints

Regulation 32 – Complaints

- (1) A registered provider shall ensure that the complaints policy of the service specifies-
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,
 - (b) the manner in which such a complaint shall be dealt with, and
 - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.
- (2) A registered provider shall ensure that-
- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and
 - (b) the complaint is duly dealt with in accordance with the provider's complaints policy.
- (3) A record in writing referred to in paragraph (2)(a) shall-
- (a) include the nature of the complaint and the manner in which the complaint was dealt with, and
 - (b) be open to inspection on the premises by an authorised person.

Compliance Information

- (1) The registered provider ensured there was a complaints policy maintained which outlined the following:
- (a) The procedures to be followed when making a complaint.
 - (b) The way complaints would be dealt with.
 - (c) The procedures for keeping the complainant informed on how the complaint is being dealt with.
- (2)
- (a) The registered provider advised there had been no complaints received since the last inspection on 29 May 2025.
 - (b) The registered provider confirmed if a complaint was received it would be handled in line with the service policy.
- (3) A review of records referred to in (2)(a):
- (a) The registered provider advised there had been no complaints received since the last inspection on 29 May 2025.
 - (b) All information requested by the inspection team was made available for review.