

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015FL136			
<b>Name of Service:</b>	Charlies Childcare LTD			
<b>Address of Service:</b>	Unit 18, Bayside Shopping Centre, Sutton, Dublin 13, Co. Dublin			
<b>Eircode:</b>	D13 C56T			
<b>Name of Registered Provider:</b>	Ronnie Carroll			
<b>Service type:</b>	Full Day, Part Time, Sessional			
<b>Date of Inspection:</b>	27/11/2025			
<b>No of pre-school children:</b>	AM	66	PM	54
<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, Child and Family Agency, Unit 4&5 Nexus Building, Block 6A, Blanchardstown Corporate Park, Dublin			
<b>Inspection undertaken by:</b>	E Hosford and Á Dunne			
<b>Title:</b>	Early Years Inspectors			

### Authority to Inspect

The Tusla Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

**Conditions if applicable** Not applicable.

### Description of service

Charlie's Childcare LTD is a private service located in an urban area on the north side of Dublin city. The service provides full day, part time and sessional care to children aged from 1 to 6 years of age and operates from 7:45am to 6:15pm Monday to Friday. The service participates in the Early Childhood Care and Education (ECCE) scheme and offers a service for school age children.

This purpose-built service occupies the first floor of a multipurpose commercial premises and consists of five care rooms, an outdoor area, a service kitchen for the preparation of meals, a staff office, and sanitary facilities. The five care rooms are as follows.

- Lollipops room (3-5 years for children attending a full day care basis).
- Flumps room (1-2 years for children attending on a full day care basis).
- Bonbon room (3-4 years for children attending a sessional service from 9:30am-12:30pm)
- Jelly Tots room (2-3 years for children attending on a full day care basis)
- Candy Floss room (2-3 years for children attending on a full day care basis)

### Staffing

The registered provider employs a total of 26 staff to work in the service to include the designated person in charge, 2 deputy designated people in charge, a cook, and 22 childcare staff, of which 18 work with the preschool children. The registered provider does not work within the service and the designated person in charge and the deputy persons in charge are not assigned to a care room but are available to assist if required. The chief operations manager, 2 area managers and a maintenance person were present during the inspection.

### Methodology

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

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

The findings on inspection are based on:

- Information obtained through examination of documentation

- Direct observation
- Discussion with relevant staff

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

The inspection focused on an examination of compliance under regulations 9,11,15,16,19,23,25,31 and 32.

A sampling process was used to assess compliance under regulation 16,16,19 and 23. As a result, the scope of the inspection included the Flumps, Candy Floss and Jelly Tots rooms and did not include the Lollipops and Bon Bon 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 by information received by the inspectorate

### Acknowledgments

The inspectors wish to acknowledge the cooperation of the service chief operations manager, two area managers, 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

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

*(a) consideration of references from the person’s past employers, if any, and in particular the most recent employer, if any,*

*(b) consideration of references from reputable sources in the case of a person who has no past employers,*

*(c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and*

*(d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.*

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

#### Compliance Information

(2) The files of two new staff members employed in the service since the last inspection were reviewed. Garda vetting disclosures for all staff were also reviewed.

The registered provider had completed the following checks:

(a) Three validated written references were available from a past employer.

(b) One validated written reference was available from a source other than a past employer.

(c) Garda vetting disclosures had been obtained for 31 staff members employed in the service. 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 for 2 staff employed. This non-compliance is included under Regulation 23.

(d) Police vetting was available from two countries for two staff members who had resided outside the jurisdiction for a period of more than 6 consecutive months as an adult.

(4) Two staff members who worked directly with the early years children had documentary evidence of at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications or a qualification deemed eligible by the Department of Children, Disability and Equality.

### Part III – Management and Staff

#### Regulation 11 - Staffing levels

*(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

(2) During the inspection there were 15 adults working with 66 children in the morning and 11 adults working with 54 children in the afternoon.

- Lollipops room -3 adults working with 18 children aged 3-4 years in the morning and 17 children in the afternoon.
- Flumps room- 3 adults working with 10 children aged from 1-2 years of age in the morning and 9 children in the afternoon.
- Bonbon room-2 adults working with 9 children aged from 3-4 years of age in the morning.
- Jelly Tots room- 3 adults working with 13 children aged from 3-4 years of age in the morning and afternoon.
- Candy Floss room -4 adults working with 16 children aged from 2-3 years of age in the morning and 3 adults with 15 children in the afternoon.

(8)(a) On review of the service roster it was observed that two adults were on the premises during the operation of the service

### Part IV – Information and Records

#### Regulation 15 – Record of pre-school child

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

- (a) the name and date of birth of the child;*
- (b) the date on which the child first attended the service;*
- (c) the date on which the child ceased to attend the service;*
- (d) the name and address of a parent or guardian of the child and a telephone number where that parent or guardian or a relative or friend of the child can be contacted during the hours of operation of the service;*
- (e) authorisation for the collection of the child;*
- (f) details of any illness, disability, allergy or special need of the child, together with all the information relevant to the provision of special care or attention;*
- (g) the name and telephone number of the child's registered medical practitioner;*
- (h) record of immunisations, if any, received by the child;*
- (i) written parental consent for appropriate medical treatment of the child in the event of an emergency.*

*(3) A record in writing referred to in paragraph (1) or (2) shall be open to inspection on the premises by-*

- (c) an authorised person.*

#### Compliance Information

(3)(c) The children's records were open to inspection as requested by the inspector as an authorised person.

#### Non-Compliance Information

- (1) The records maintained for the total number of 19 children attending the Flumps and Candy Floss rooms were inspected. The required information as specified in sub-sections (a) to (i) in this regulation was not available in some of the registration forms reviewed. For example.
  - (b) The date a child commenced in the service was not completed on one form.
  - (h) A record of immunisations, if any, received by the child was not recorded on two forms.
  - (i) Written parental consent for appropriate medical treatment of the child in the event of an emergency was not present on two forms.

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

#### Corrective and Preventive Action

(1)(b)(h) and (i)

In response to the non-compliances the service has stated that an audit of paperwork for all children was carried out, issues addressed and files completed.

#### Supporting documentation submitted

(1)(b)(h) and (i)

Evidence of email regarding audit carried out and monthly audit spreadsheet attached.

### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non compliances identified in regulation 15 will be reviewed on the next inspection.

## 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.*

*(3) A record referred to in paragraph (1) shall be open to inspection on the premises, and the documents and records referred to in paragraph (2)(a) shall be open to inspection whether on the premises or elsewhere, by an authorised person*

### Compliance Information

- (1)
- (h) The details of the children attending the Flumps and Candy Floss room service to include their time of arrival and departure was recorded on an electronic application used by staff in the care rooms.
- (i) A staff roster was available, and it reflected the staff present in the service.
- (3) Details of an incident that occurred in the service on the 13 November 2025 were available for inspection and included the required information.

### Non-Compliance Information

- (1)
- (j) A sample of seven administration of medication records were reviewed. The required information was not recorded on all the records. For example.
- Two forms did not include the pre consent from the parent before staff administered the prescribed medication.
  - One form did not include the signature of the parent on collection of their child to confirm that they were made aware of the administration of medication while the child attended the service.
- (k) A sample of 10 accident and incidents records were reviewed. The required information was not recorded on all forms. For example.
- Three forms did not include the full name of the child, and four forms did not include the child's date of birth.
  - Two forms did not include the name and position of the staff member completing the form.
  - Nine forms did not include the immediate actions taken to reduce the risk and ten forms did not include the preventive actions put in place to prevent a reoccurrence of the accident/ incident.

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

#### Corrective and Preventive Action

- (1)
- (j) and (k) In response to the non-compliances the service has stated that an audit of medicine book and accident/incident books was carried out and addressed with staff managers. A weekly checklist to ensure all books are filled in appropriately will take place going forward.

#### Supporting documentation submitted

(1)

(j) and (k) An email regarding audit carried out and addressed with staff. Weekly checklist template attached

### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non compliances identified in regulation 16 will be reviewed on the next inspection.

### 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

(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)(a)

#### Basic Needs:

- Children attending the Flumps and Candy Floss care rooms enjoyed a snack of sliced pear and yogurt biscuit for morning snack, then a hot meal of beef mince, vegetables and rice at 12pm which was provided from an external catering food company, followed by bagels, cream cheese and raisins at 3pm. Staff were observed offering children additional food on completion of their meals and an alternative snack for those that wanted it. Water was available and stored in an accessible position in the care rooms and was available throughout the day and at mealtimes.
- Nappy changing was carried out at scheduled times and when required. Staff were observed to engage with the children in a positive manner during nappy changing.
- Children's need for sleep and rest was met through the provision of comfortable rest areas available. Cots and low beds with individual bedding were available to the children who required sleep and at sleep time, the rooms were darkened to provide for a restful environment.

### Physical and Material Environment

- The layout and materials available in the Candy Floss room promoted a child led environment for the children as it included a home area with a play kitchen and supporting equipment beside it, dolls and dolls supporting equipment, an area for imaginative play with dress up clothes hanging on hangers, sensory play of a sand and equipment on a sand table, construction area with plastic bricks, building blocks and trains and tracks and a cosy area with books available to the children Art activities were available to the children of colouring and gluing feathers. .
- The outdoor area used by the children from the Candy Floss room in the morning was equipped with ride on cars, a playhouse, scooters, balance steps, skittles, balls and a see saw.

### Supporting Relationships around children:

- Staff in the Flumps and Candy Floss rooms sat with the children during free play and mealtimes and engaged in conversation while offering help during tabletop activities and during mealtimes.
- Staff maintained a record of each child's food eaten, activities undertaken, sleep times and nappy changes on the electronic tablet which was shared with parents.

(1)(b)

- Staff in the care rooms were observed to offer the children support and encouragement in a positive and child led manner. Children were spoken to at their level with eye contact and soft tones used.

### Non-Compliance Information

(1)(a)

#### Basic Needs:

1. The children in the Flumps care room did not engage in outdoor play during the inspection and on review of records available on the 13 November 2025 also. Children require daily outdoor play to enable them to explore and develop their gross motor skills of crawling and walking.
2. Staff were not observed to prompt two children in the Flumps room to remove their soothers from 10:45am to 12:04pm despite both children appearing settled in the care room. Overuse of soothers can limit a child's oral and speech development.

### Physical and Material Environment:

3. The layout and materials available in the Flump room did not promote a child led, engaging and explorative environment for the children. As a result, the children were not observed exploring the room and accessing the boxes of equipment. When a child did seek out the activity tray it was empty, so they quickly moved away from it. Areas of interest should be available to the children to enable them to explore independently and develop their own ideas of play and fun.

### Supporting Relationships around children:

4. In the Candy floss room at sleep time, the transition from lunch was not managed with a coordinated and child led approach with consideration for the age and developmental ability of the children. For example.

- Children were observed to leave the table while eating rice cakes and run around the room with food in their mouths.
- Children were observed to stand on beds, roll off and jump off beds onto the floor.
- Staff did not develop a coordinated approach to settling the children to sleep, as a result three children that lay on their beds at 12:41pm did not settle to sleep until 1:33pm and 1:51pm.

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

#### Corrective and Preventive Action

In response to the non-compliances the service has stated the following.

#### Basic Needs:

1. Staff have been issued with a copy of the garden roster and out-door clothing suits have been acquired for the children to assist with outdoor play in all weathers. The service manager has been enrolled in a training course regarding the importance of outdoor play, so that this can be implemented into the daily practices of the centre.

2. Soother usage has been addressed in the room and their use limited. Email sent to parents regarding soothers in the setting. Staff members from the Flump room have been enrolled on training courses emphasising guidance on the importance of speech and language development.

### Physical and Material Environment:

3. The room has been re-arranged with areas and materials added weekly toy audits are carried out to ensure sufficient materials and equipment are available and areas are replenished regularly.

### Supporting Relationships around children:

4. The service manager and person in charge now support sleep times and mealtimes in the rooms.  
Staff training on sleep times, facilitating meals and snack times and sleep times.

### **Supporting documentation submitted**

#### **Basic Needs:**

1. Garden roster and photo of outdoor clothing. Evidence of staff enrolment in course.
2. Email attached evidence of training course attached

#### **Physical and Material Environment:**

3. Photo evidence and weekly toy audit attached

#### **Supporting Relationships around children:**

4. Staff training in-house attached course evidence attached.

### **Summary Comment**

The inspector has reviewed the actions and evidence submitted. The non compliances identified in regulation 19 will be reviewed on the next inspection.

### **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 to the service had an electronic automatic door system in place, which was operated and managed by staff.
- On discussion with the Chief Operations Manager, it was confirmed that the service had undertaken a review and analysis of the policies and procedures in place following an incident that occurred in the service with staff training and updating planned for December 2025. This is in line with the service accident and incident policy.

### Infection Control:

- Thermostatically controlled water, liquid soap and pedal bins were available at the wash hand basins used by the staff and children. The service was observed to be clean and maintained.
- During sleep time in the Flumps and Candy Floss rooms cots, low beds and contour beds were positioned with the recommended 50 centimetres between each child. Each child that required sleep was provided with their own sheet and blanket which was stored in named bags in their individual boxes between sleeps.

### Safe Sleep:

- Staff in the Flumps and Candy Floss rooms ensured that safe sleep practices and procedures were maintained to ensure the safety of children while they slept. For example. Staff maintained ten-minute sleep checks on all sleeping children to include their colour, breathing and position. The temperature of the cot room and care rooms were maintained between the recommended temperature of 18-22 °C while children slept.

### Non-Compliance Information

#### General Safety:

1. 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 for all staff employed. Two Garda vetting's were dated over three years.
2. At 11:23am the kitchen was accessible to the children from the Candy Floss room while they came in from the outdoor area to their care room after outdoor play.

#### Infection Control:

3. In the Flumps and Candy Floss room there was evidence to demonstrate that staff were not consistent in their approach to carrying out the service policies and procedures on infection control, handwashing and nappy changing procedure. This increased the potential risk of cross infection. For example.
  - Nappy changing was not carried out according to the service policy and best practice guidelines. Staff reused the same apron when changing each child, neither staff or children washed their hands after the process, and the nappy mat was not cleaned between each child.
  - A child had their nappy changed while a soother was placed in their mouth.
  - The children did not always have their hands washed after nappy changing or after outdoor play.
  - Staff were not observed to wash their hands after cleaning children's noses.

- Paper roll used by the staff were not always available or hygienically dispensed and were subjected to repeated handling.
- A staff member was observed using a cotton towel to dry their hands after assisting a child to wipe their nose.

### Safe Sleep:

4. Four children under two years of age were observed sleeping on low contour beds. However, completed documentation was not available for one child to demonstrate that parents had been communicated with, and their written permission was obtained before this practice. This is at variance to Tusla safe sleep guidance for children under 24 months.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

In response to the non-compliances identified the service has stated the following.

#### General Safety:

1. Both staff garda vetting's have been updated and completed. Monthly checking of staff files by Manager.
2. A safety gate has been added to kitchen door entrance and a sign attached reminding staff to keep the gate closed.

#### Infection Control:

3. In-house training on infection control and nappy training and infection control completed.

#### Safe Sleep:

4. Audit of all files was carried out and issues addressed. Monthly audit now in use.

#### Supporting documentation submitted

#### General Safety:

1. Completed vetting and attached staff file checklist.
2. Photo attached and notice on safety gate.

#### Infection Control:

3. In house training evidence.

#### Safe Sleep:

4. Email regarding audit attached. Monthly audit attached.

### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non compliances identified in regulation 23 will be reviewed on the next inspection.

## 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

(2) (a) and (b) First aid boxes were suitably equipped, displayed in an accessible and conspicuous positions in the service.

#### Non-Compliance Information

(1) The registered provider did not ensure that a staff member was trained in First Aid Responder (FAR) and available to the children during the operation of the service and when an incident occurred on the 13 November 2025. However, it is acknowledged that staff present in the service had in date paediatric first aid training.

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

##### **Corrective and Preventive Action**

(1) In response to the non-compliance the service has stated that additional staff will be trained in FAR to ensure adequate cover available.

##### **Supporting documentation submitted**

(1) Documentary evidence of recent FAR training undertaken in service.

#### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non compliances identified in regulation 25 will be reviewed on the next inspection.

### 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 a notification of an incident was submitted to the inspectorate within the required timeframe.

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

##### Corrective and Preventive Action

(d) In response a new policy now in place to ensure Tusla are notified of all relevant incidents.

##### Supporting documentation submitted

(d) New policy now in place to ensure Tusla are notified of all relevant incidents

#### Summary Comment

The inspector has reviewed the actions and evidence submitted. The non compliance identified in regulation 31 has been addressed.

### 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)(a)(b)(c) There was a complaints policy available detailing the procedures to be followed for making a complaint, the manner in how the service deals with a complaint, and the procedures for keeping the complainant informed of this process.

(2)

- (a) The service had a record in writing of any complaints made in respect of the service.
- (b) The service had documentary evidence to demonstrate that any complaints received were dealt with according to the service complaints policy

(3)

- (a) Documentation was available of any complaints made against the service and the way in which they were dealt with.
- (b) These records were available for inspection by an authorised person