

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2019DY005
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Name of Service:	Little Harvard Childcare Ltd
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Address of Service:	Block A4 Bridgefield, Northwood, Santry Demesne, Dublin 9.
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Eircode:	D09 H3VY
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Name of Registered Provider:	James Hargrave
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Service type:	Full Day, Part Time, Sessional
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Date of Inspection:	11/03/2026
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No of pre-school children:	AM	86	PM	77
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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 C. Harte
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).

Conditions if applicable	Not applicable.
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Description of service

Little Havard Childcare is one of twenty-one services operated by the registered provider. The service operates from the ground floor of a residential premises located in Dublin North. The service operates Monday to Friday from 7:00am to 6:30pm. The service is registered to offer care to children aged 0 to 6 years old on a full time, part time and sessional basis. At the time of the inspection, the service did not have children under 1 years of age present. The service participates in the Early Childhood Care and Education (ECCE) scheme and operates two morning sessions between 9:00am to 12:00pm and one morning session between 9:15am to 12:15pm.

There are six care rooms in the service: namely the Wobbler Room, the Junior Toddler Room, the Toddler Room, ECCE Room, Preschool 1 and Preschool Senior Room. There is an onsite kitchen, office, staff room and a cot room adjoining to the Wobbler Room. There is also an enclosed outdoor play area located to the front of the service.

Staffing

The registered provider does not work in the service and employs thirty-three adults. Adults employed include a general manager, a regional manager, a person in charge, a deputy person in charge, and twenty-six staff who work directly with the children and three auxiliary staff an administrator, a cook and a catering manager. In addition, there are two students on college work experience placement.

On the arrival of the inspection team there were seventeen staff present including one manager from another branch of the service, fourteen childcare staff two of whom are employed under the access and inclusion model (AIM) and two students. The regional manager, deputy person in charge, one administrator and the catering manager arrived shortly after the inspection began and remained onsite for the majority of the inspection to help assist the inspection process and provide support where required. The registered provider was not present on the day of 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 Regulation 9(2), (4) and (7) and 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.

An immediate action notice was issued to the registered provider in relation to a significant concern identified relating to Garda Vetting. A response which adequately mitigated the concern was received on 12 March 2026. Further details are available under Regulation 9.

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Acknowledgments

The inspectors wish to acknowledge the cooperation of management, 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.

(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 named person to deputise as required.
 - (b) A review of the roster showed that a designated person is rostered to be present during the operational hours of the service.
 - (c) There was a clear management structure in place, and staff reported being aware of this.
- (2) A review of paperwork and discussion with management showed that there are currently thirty-three adults employed by the registered provider to work within the service. The files of eighteen adults were reviewed. This included nine adults who had commenced work since the previous inspection, the regional manager, the manager from another service, two staff files which had not been reviewed on previous inspection, the administrator, the catering manager, two students and one adult who was providing an extra-curricular activity. In addition, garda vetting disclosures for two adults whose files had been reviewed on the last inspection were also reviewed.
- (a) There were twenty-nine written and validated references available from past employers.
 - (b) There were seven written references available from a source other than a past employer.
 - (c) Garda vetting disclosures had been obtained for the nineteen of the twenty 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 available for fourteen adults who had lived in a country other than Ireland for a period of six months or more as an adult.
- (4) The fourteen adults who worked directly with children attending the service held a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications, or a qualification deemed by the Minister to be equivalent.
- (7) (a) Documentary evidence and discussions with new adults employed demonstrated that the registered provider ensured that there was an induction, appraisal and probation process.
- There was evidence that staff induction included a breakdown of key policies and relevant information about the service and staff had engaged in staff appraisal meetings and a probation process.

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Documentary evidence and discussions with staff showed that long serving members of staff had engaged in continuous professional development and training. Staff had signed off on reading and training in the service policies and procedures.

There was evidence to show that the service was currently updating their supervision policy which would support staff to engage in reflective supervision.

Non-Compliance Information

- (2) (c) A garda vetting disclosure was not available for one adult who through discussion with staff had had been working in a supernumerary capacity in the care rooms for over two months. This posed a significant safeguarding risk. An immediate action notice was issued and a response which adequately mitigated the concern was received the following day.
- (3) The registered provider did not ensure the checks required under (2)(c) were completed prior to one adult commencing work placement in the service. This posed a safeguarding risk.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2) (c) The staff member was immediately removed from contact with children until Garda vetting was received. Since then, the Garda vetting was obtained and verified. Local management, together with the HR department, will ensure that all staff have completed Garda vetting before commencing employment with us.
- (3) A full audit of all staff files was completed to ensure all vetting documentation are in place and up to date. Monthly audits of staff files will be conducted by the Person in Charge (PIC). Local management, together with the HR department, will ensure that all staff have completed Garda vetting before commencing employment with the service.

Supporting documentation submitted

- Documentary evidence of the garda vetting discourse.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 9 have been addressed.

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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 were sixteen adults caring for 86 children in the morning and there were fifteen adults caring for 77 children in the afternoon.

(2) The adult to child ratios were maintained correctly throughout the 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:

- On the unannounced arrival at the service by the inspectors, the entrance door leading into the premises was appropriately secured to prevent the children from exiting unsupervised and to restrict unauthorised persons from gaining access to the premises throughout the inspection.
- The inspection team were asked to show identification and sign in the visitor book by management who answered the door.
- The outdoor play area was secure reducing the risk of children from exiting unsupervised and to restrict unauthorised persons from gaining access to this area.
- Blind cords were observed to be secured.
- There were visibility strips on low windows and doors.
- Toys and equipment used by the children were observed to be well maintained and in a good state of repair.

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Infection Control:

- Handwashing facilities for hand hygiene included thermostatically controlled water, soap and paper towels. Children were observed to be familiar with the routine of handwashing after bathroom visits, after outdoor play and before mealtimes.
- Foot pedal operated bins were available in the care rooms and sanitary areas to allow hygienic disposal of contaminated materials.
- The premises was observed to be in a clean and hygienic condition. There were completed cleaning schedules on the wall of the care rooms and sanitary facilities.
- Soothers were stored in individually labelled boxes.
- During sleep time, low floor mats and cots were positioned with the recommended 50 centimetres between each child.
- Individual bed linen was used for the sleeping children and staff were familiar with the washing schedule.
- Windows in the care rooms were observed to be open which allowed for circulation of air and reduced the risk of cross infection.

Safe Sleep:

- 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 their own individual sleep mat.
- An ambient temperature of 18-22°C was maintained for sleeping children over one year of age.

Fire Safety:

- On the day of inspection, it was observed that all fire emergency exit doors were clear from obstruction. There were notices of the procedures to be followed in the event of a fire displayed in the hallway and the care rooms. This helped ensure the safe effective evacuation of children and staff in the event of an emergency.

Non-Compliance Information

General Safety:

1. The kitchen area was not adequately secured to prevent access by children. The door was observed to be open throughout the morning. The kitchen area was located at the end of a passageway just off the main corridor of the service. It is acknowledged children were supervised when using this corridor. However, this posed a possible risk of children accessing hazardous items present in the kitchen.

2. There was documentary evidence to show that the outdoor play risk assessment was not completed prior to the children going outdoors to play on the day of the inspection. In addition, the first aid bag which was listed as part of the daily outdoor risk assessment to be brought outdoors was not present in the garden. This practice was at variance with the service risk management policy and posed a potential risk to children.
3. A music player with a trailing flex was observed to be positioned beside the sink in the Wobbler room. This posed a risk of injury as there were eleven children aged between 1 to 2 years present. It is acknowledged that there were staff present at all times in this room.
4. There was no documentary evidence to show that parents/guardians had been informed on the day of an accident/incident involving their child. From a sample of twenty accident and incident records reviewed sixteen did not include all details. Evidenced by the following.
 - Seven of these records did not include a parent/guardian signature and the date beside the signature was not completed.
 - Six of these records did not include a date beside the parent/guardian signature.
 - One of these records did not include the parent/guardian signature but had a date beside it.

This posed a safety risk. It is important that parents/guardians are informed of any accident/incident relating to their child on the same day so they can monitor their child appropriately. A similar non-compliance was observed on the previous inspection, and the preventive action had not been sustained.

Administration of Medication:

5. The service did not ensure the safe administration of medication. Evidenced by the following.
 - The prescribed emergency medication for one child was not in its original box stating the child's name and dosage required. In addition, the documented care plan which outlined the procedures for the administration of this medication was not available in the care room where the child is mainly present. It is acknowledged the care plan was available in another care room.
 - The prescribed emergency medication for another child was not in its original box stating the child's name and dosage required. There was a documented care plan available, however, this plan did not include clear instructions for staff to follow and safely administer the medication.
 - There were two care plans identifying different symptoms for one child with a medical condition. One of the care plans was an updated one. It is acknowledged that the primary room in which the child is mainly present had the updated version of the care plan. However, one of the care rooms had the two care plans on file. The previous version of the care plan needs to be removed to avoid any confusion in identifying symptoms.

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This was not in line with best practice and was at variance with the service administration of medication policy. This posed a risk of safety.

Safe Sleep:

6. Sleep practices were not in line with current safe sleep guidance and were at variance with the service safe sleep policy. Evidenced by the following.
- In the Wobbler cot sleep room, two cots with sleeping children aged 1 to 2 years were observed to have a toy present.
 - In the Wobbler cot sleep room, eleven children were observed to be monitored while sleeping at intervals of 10 minutes or less and staff were observed to record the breathing, position, and colour of the children. However, on review of the sleep records one child who was sleeping from 11:30am did not have a written sleep record at 12:14pm available.

Fire Safety:

7. Attendance records were not maintained in a timely manner and posed a potential risk of hindering safe evacuation in the event of an emergency. Evidenced by the following:
- Staff told the inspection team that there were seventeen children present in the Preschool 1 room at 10:10am. The electronic attendance record indicated the same number of children. However, when the inspectors carried out a physical count of the children there were sixteen children present.
 - The electronic attendance record in the preschool 3 room showed seven children present at 10:25am, however, there were nine children present. It is acknowledged the staff member in this room was aware of the correct number of children.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The Kitchen door was fitted with a safety gate and will be closed at all times. Daily checks will be carried out to ensure the safety gate is secure and the kitchen door remains closed, with clear procedures in place to support consistent adherence to safety practices.
2. Staff were reminded of the importance of completing a daily outdoor risk assessment prior to using the garden. First aid bags are placed at designated points and checked daily in line with our garden checklist, with an additional first aid box available on a designated shelf in the garden. Local management will ensure that all staff consistently complete outdoor risk assessment procedures prior to using the garden, and that first aid equipment is maintained, checked daily, and readily accessible at designated points in the garden.

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3. The trailing flex from the music player has been removed, eliminating the identified risk in the Wobbler room. Local management will ensure regular room safety checks are carried out to identify and remove potential hazards, including trailing cables, and to maintain a safe environment for children at all times.
4. All accident and incident records were reviewed and updated, and staff were retrained on correct recording procedures and parent communication requirements. Local management will carry out regular audits of accident and incident records and ensure ongoing staff training to support consistent compliance with recording procedures and parent communication requirements.

Administration of Medication:

5. All medication was checked and returned to original packaging where required. Care plans were updated to ensure all relevant information is included, obtained from parents, and placed in the correct rooms. Any outdated or duplicate care plans were removed. All staff have received refresher training on medication management procedures. All care plans will be reviewed quarterly with parents. Monthly medication compliance checks will be carried out in each room.

Safe Sleep:

6. All items were removed from cots immediately. Staff were retrained on safe sleep practices and recording requirements. Sleep records were reviewed and corrected where possible. Local management will ensure ongoing adherence to safe sleep practices through regular monitoring of sleep checks and daily spot checks carried out by management, alongside continued staff training and record review procedures.

Fire Safety:

7. Attendance procedures were reviewed immediately, staff were instructed to update records in real time, and live headcount checks were introduced at key times throughout the day. Local management will ensure attendance records are maintained accurately through regular audits, with real-time recording and scheduled headcount checks implemented consistently throughout the day.

Supporting documentation submitted

General Safety:

1. Photographic evidence of new stair gate.
2. Photographic evidence of first aid bag outdoors at designated area.
3. Photographic evidence of trailing flex removed.
4. Documentary evidence of accident and incident training card.

Administration of Medication:

5. Documentary evidence of administration of medication training card and updated care plans.

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Safe Sleep:

6. Documentary evidence of sleep training card.

Fire Safety:

8. Documentary evidence of head count recording document.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 23 have been adequately addressed.

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;*

Compliance Information

- (d) The registered provider ensured that the procedure specified under Regulation 31 was completed within three working days regarding a recent notifiable incident

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) A complaint logbook was made available for review by the inspection team. Management advised there had been no complaints received since the last inspection on 17 July 2025.
 - (b) Management 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 compliant logbook which was reviewed included details of a complaint made prior to the previous inspection. The logbook detailed the nature of the complaint and how the complaint was dealt with.
 - (b) The complaint logbook was made available for review by the inspection team.