

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier: TU2019DY005

Name of Service: Little Harvard Childcare Ltd

Address of Service: Block A4 Bridgefield, Northwood, Santry Demesne, Dublin 9.

Eircode: D09H3VY

Name of Registered Provider: James Hargrave

Service type: Full Day, Part Time, Sessional

Date of Inspection: 17/07/2025

No of pre-school children:	AM	52	PM	41
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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 Harvard Childcare is located in North Dublin and operates from the ground floor of a residential premises. Little Harvard Santry is one of twenty-one services operated by the registered provider. 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 old registered to attend. The service participates in the Early Childhood Care and Education (ECCE) scheme. There are 6 care rooms in the service: the Wobbler Room, the Junior Toddler Room, the Toddler Room, ECCE Room, Preschool 1 and Preschool Senior Room. The ECCE room operates morning sessions only between 9.15am to 12.15pm. There is an onsite kitchen, 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 building.

Staffing

The registered provider does not work in the service and employs 22 adults. Adults employed include a regional manager, operations manager, a person in charge, 19 adults to work directly with the children. This includes three supervisors and two adults who were employed under the access and inclusion model (AIM) during the ECCE term and one ancillary staff; a chef. There is also one student who is currently on work placement providing support to both staff and children in the care rooms in a supernumerary capacity.

On the day of inspection, the person in charge and 15 adults working directly with the children including a new manager from another service who was undergoing training were present. The operations manager and the regional manager arrived shortly after the inspection began and remained on the premises throughout the duration of the inspection. 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

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. The following regulations were reviewed.

- Regulation 9(1)(2)(4) and (7) Management and Recruitment
- Regulation 11 Staffing Levels
- Regulation 16(1)(k) and (3) Records in relation to the Preschool Service
- Regulation 19(1)(b) and (3) Health, Welfare and Development of Child
- Regulation 23 Safeguarding the Health, Safety and Welfare of the Child

However, on inspection an additional non-compliance was identified under Regulation 27 Supervision. These findings are outlined within the relevant regulation within this report. A sampling process was used to assess compliance under Regulation 9(2), (4) and (7), Regulation 16 Record in Relation to a Pre-school Service, Regulation 19 Health Welfare and development of Child and Regulation 23 Safeguarding Health, Safety and Welfare of Child. As a result, the scope of the inspection included the Preschool 1, Preschool 2, Preschool 3 and the Wobbler room.

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

The inspection was triggered as a result of information received by the inspectorate on 10 July 2025. The safeguarding statement has been referred to the CSSU for assessment and follow up if required.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the regional manager, operations manager, 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.*

(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;*

Compliance Information

- (1)
- (a) The registered provider ensured there was a designated person in charge and a named person to deputise as required.
 - (b) The designated person in charge was on the premises when the inspectors arrived unannounced to the service and remained in the service for the duration of the inspection.
 - (c) Inspectors' discussions with staff and a review of documentation demonstrated that there was a clearly defined management structure in the service should the named person in charge be unavailable.
- (2) It was confirmed by the person in charge that there were six new adults who had been employed since the last inspection on 10 March 2025. Adults included one training manager from another service, four early years educators and one auxiliary staff; a chef. The full staff files of the six new adults were reviewed as part of the inspection. In addition, a Garda Vetting disclosure for one staff member whose file had been reviewed on the last inspection was reviewed.
- (a) Nine written and validated references were available from a past employer.
 - (b) Three written and validated references were available from a source other than a past employer.
 - (c) Garda Vetting Disclosures had been obtained for all seven adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda Vetting every three years.
- (4) Documentation was available to show that the five adults who worked directly with children attending the service held 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 and Youth Affairs.
- (7) (a) Induction and supervision files were reviewed for a total of 18 staff members currently employed in the service. The induction process was reviewed for four adults who had commenced employment in recent months, and the following compliances were noted in relation to the initial induction process;
- Documentary evidence demonstrated that the registered provider ensured that there was an induction, appraisal and probation process. Demonstrated by the following examples:
New adults employed as part of their induction ticked a box to confirm that they had read the following documents:
 - policies and procedures of the service.
 - Staff handbook/employment policies.
 - Health and safety statement.

- There was evidence that staff induction included a breakdown of key policies and relevant information about the service. Induction included reading information about the following topics.
 - Safety statement, fire safety, first aid, accident and incident reporting, nappy changing procedures, children’s toileting, food and refreshments, safe sleep, hand washing, cleaning products, exclusion policy, administration of medication, outdoor play risk assessments, exclusion policy, parent handover, complaints, observations, curriculum, confidentiality, child protection and general information about the role of the staff member.
 - There was evidence to show that the four new early years educators employed had completed staff monthly appraisal meetings and were in the process of completing their probation period.

Non-Compliance Information

(2) (d) Police vetting was not available in respect of one adult who had lived in a country other than Ireland for more than six months as an adult. It is acknowledged this adult does not work directly with children. However, police vetting is required for all adults working within the service. This posed a safeguarding risk.

(7) (a) Induction and supervision files were reviewed for a total of 18 staff members currently employed in the service. Ongoing staff supervision was reviewed for 14 staff who have worked in the service for a significant period of time and the following non-compliances were noted in relation to the supervision process which is at variance to the service policy;

- Documentary evidence showed that one adult had not had supervision in line with the supervision policy. The last date of supervision was 4 months and 21 days ago. This is at variance with the supervision policy which states that “a supervision meeting will be scheduled once per term”. A similar non-compliance was observed on the previous inspection in March 2025, and the preventive action had not been sustained.
- There was documentary evidence available that showed that one adult had not signed off on the supervision document. This is a variance with the supervision policy which states that “both the supervisor and supervisee sign the record to ensure that there is an accurate and fair reflection of the discussion and decisions”.
- A review of staff supervision records and conversations with staff indicated a need for staff training. Although some training had been provided, through discussion with staff it was evident additional training was required. This was at variance with the policy on managing behaviour which states “management is committed to supporting staff where challenging behaviour is displayed by offering mentoring, training and on-going support”.

- A review of staff supervision records and conversations with staff indicated a need for additional support in two of the care rooms. There was no evidence to show that the additional support had been given to staff.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) (d) Police vetting has been obtained. The service HR department has been tasked and is currently carrying out an audit for all staff files to ensure that all required documentation is available. Local and regional management will carry out spot checks to ensure compliance with all aspects of regulation 9.

(7) (a) Records have now been brought up to date. Staff training has been carried out with staff in relation to indicted need for staff training. Staff have been advised to seek support from management where challenges occur. The regional manger has been tasked to provide mentoring and ongoing training support and to engage with staff on a regular basis to ensure that staff are provided with any support required. Training has been carried out with local management to ensure that they regularly interact with staff to identify when additional support is necessary.

Supporting documentation submitted

- Police vetting document.
- Signed staff supervision record.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 9 have 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) There were 13 adults caring for 52 children in the morning and there were 9 adults caring for 42 children in the afternoon. In addition, the person in charge, regional manager and operations manager were available to provide support in the care rooms where required.
- (2) The adult to child ratios were maintained correctly throughout the 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) Details of attendance by each pre-school child were stored in the children’s attendance record in each care room.

- (i) The registered provider ensured that there was an accurate record of the staff roster containing the details of the staff rostered on the day of inspection.
- (j) A review of ten medication administration records demonstrated that all the details were completed on each record.
- (3) Records were open to inspection by an authorised person. All records requested by the inspection team were available for review

Non-Compliance Information

- (k) A sample of twenty accident and incident records were reviewed. Ten of the records were not complete.

Evidenced by the following.

- On one of the accident/incident records reviewed the date beside the parent's signature was left blank and this record had not been signed by the staff member who completed it.
- On one of the accident/incident records reviewed the date beside the parent's signature and the date beside the staff signature were left blank.
- On eight of the accident/incident records there was no evidence to show when the parent/guardian was informed of the day of the accident/ incident as the date section beside the parent's signature section on the form had been left blank.

It is important that staff complete all parts of the accident/incident records and that parents/guardians are informed of any incidents or accidents on the day, so that they can appropriately monitor their child.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Staff have been reminded of the importance of completing accident and incident records in a timely and comprehensive manner and to ensure that parents sign and date the forms when presented to them. Regional and senior management during the course of their visits to the facility, will inspect accident and incident records to ensure compliance with regulation 16.

Supporting documentation submitted

- Signed staff training card.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 16 has been addressed.

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

The registered provider ensured that.

(1)(b)

- Discussion with staff showed that children are offered breakfast between 7am to 9am. The service also provided a morning snack of chopped fresh fruit and two hot meals which were prepared onsite by the in-house cook. Different dietary requirements were catered for, and additional portions of food were available if required.
- Water was available and accessible in each care room for the children to drink.
- Children were observed to have the freedom to move freely in their care room and independently choose their activities and play experiences. For example, in Preschool 1 children were observed to engage in sensory activities using mould making materials, colouring, gluing, pasta and rice and magnetic block building. In addition, staff were observed to sit beside the children and offer support when required.
- There were cosy areas with a soft mat, cushions, cuddly toys and books for rest and relaxation present in the care rooms.
- Children were observed to spend time in the outdoor play area.
- Parents/guardians were given information on their child's food intake, toileting and sleep via a daily handover sheet and staff were observed to chat with parents at pick up times.

Non-Compliance Information

- (1) (b) Children observed to require additional support did not have comprehensive individual care plans available which outlined evidence of their strengths, challenges, or goals. A clear and detailed care plan would help inform and support staff to provide for the child's developmental needs and to ensure their safety.
- In Preschool 1 room there was no individual care plan available for one child who required extra support. A second child in this room who required extra support had an individual care plan. However, this plan was not fully completed and lacked essential details.
 - In Preschool 2 room staff were not aware of the individual care plan available for one child who through discussion with staff and documentary evidence showed signs requiring extra support around sensory

seeking behaviour. It is acknowledged an individual care plan was found in another care room. However, it is important that the staff in the room where the child has transitioned to are aware of the individual care plan and are given a copy as part of the transitioning process to ensure the child receives the correct support.

- In Preschool 3 room there was no individual care plan available for one child who through discussion with staff and documentary evidence required extra support. It is acknowledged that staff discussed how they had developed an individual care plan however on the day of the inspection this plan was unavailable as it had been forwarded to external agency.

A similar non-compliance was observed on the previous inspection in March 2025, and the preventive actions had not been sustained.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Individual care plans are now in place for each child requiring same. Staff have been reminded that the care plan should follow the child through their journey with Little Harvard and when they are transitioning into the care of other staff. All care plans will be kept up to date on an ongoing basis. Local, Regional and Senior Management will carry out regular inspections of care plans and training with staff, to ensure that care plans are being followed and maintained at all times.

Supporting documentation submitted

- No supporting documents submitted.

Summary Comment

The inspector has reviewed the actions submitted. The non-compliance identified under Regulation 19 has been addressed. This will be reviewed on 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:

- 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 external outdoor play areas were securely gated reducing the risk of unauthorised access. Children who were brought out to the outdoor play areas from indoors were observed to be supervised.
- The kitchen was not accessible to the children and the door remained closed throughout the inspection.
- Toys and equipment used by the children were observed to be well maintained and in a good state of repair.

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 waste materials.
- The premises was observed to be in a clean and hygienic condition. There were cleaning schedules on the wall of the care rooms and sanitary facilities.
- Soothers were stored in individually labelled boxes.
- 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.

Administration of Medication:

- The service had individual care plan to identify the medication requirements and procedures in place for a child who had a specific medical condition. In addition, the medication was labelled with the child's name and stored in its original packaging in a place that was not accessible to children.

Safe Sleep:

- Outer clothing was removed from the children before sleep time.
- Children under two years of aged were provided with a cot for sleeping. Children over two years of aged were provided with their own individual sleep mat and individual bed linen.
- Staff maintained a record of the children that slept, to include their colour, breathing and position every 10 minutes.

Fire Safety:

- Staff ensured the details of each child's attendance was recorded accurately and all fire emergency exit doors were clear from obstruction. There was a notice of the procedures to be followed in the event of a fire displayed in the hallway in the service 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. A night light with a trailing flex was observed to positioned beside a cot in the Wobbler sleep room at 1.28pm. This posed a risk of injury as there was a child aged between 12 to 18 months asleep in the cot positioned with in arms reach of the trailing wire. It is acknowledged that there was a staff member present at all times in the cot room.
2. A trailing flex from a lamp in Preschool 3 room was observed to be accessible to children at 2.26pm. this posed a risk of injury.
3. A cleaning agent which was placed on the shelf of the Preschool 3 room was observed to be accessible to children at 2.25pm. This posed a safety hazard.
4. The utility room which contained the service's washing machine and detergents was observed to be accessible to the children between 1.02pm and 1.27pm due to the door being left open. This posed a risk of injury.

Safe Sleep:

5. An ambient temperature of 18-22°C was not maintained for sleeping children over one years of age in the Wobbler cot room. Temperatures were recorded at 24.2°C at 12.06pm and at 23.2°C at 1.30pm while children between the age of 12 to 18 months slept. In addition, a review of documentation showed that an ambient temperature of 18-22°C had not been maintained in this cot room from the 9 July 2025 to the 17 July 2025 while children over one years of age slept. This posed a potential risk to the children.
- 6.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The night light has been moved to a new location, and the trailing flex has been affixed to the wall.
2. The trailing flex has been affixed to the wall.
3. The cleaning agent has been removed and placed in an area which is not accessible to children.
4. A lock has been placed on the door and a notice instructing all staff to ensure that the door is kept closed at all times.

Local management will conduct spot checks to ensure compliance with all aspects of Regulation 23.

Safe Sleep:

5. A free-standing air conditioning unit has been placed in the room. The service maintenance staff have visited the premises and adjusted the air conditioning system to ensure that the correct temperature is maintained while children are sleeping in the room. Local management will conduct spot checks to ensure compliance with all aspects of Regulation 23.

Supporting documentation submitted

General Safety:

- Photographic evidence.

Safe Sleep:

- Photographic evidence.

Summary Comment

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

Part VI - Safety

Regulation 27 – Supervision

A registered provider shall ensure that pre-school children attending the service are supervised at all times.

Non-Compliance Information

The registered provider did not ensure that preschool children attending the service were adequately supervised at all times. A staff member was observed to conduct a nappy change leaving two children aged 2.5-3.5 years unsupervised in the care room. It is acknowledged that the sanitary area is located off the care room and the staff member had wedged the door open however supervision as per service policy should be conducted primarily by sight. There were two hazards observed in this care room which posed a potential risk to the children. These

hazards were noted under regulation 23. It is also noted that the door handle was accessible to the children posing a potential risk that they could leave the room while unsupervised. Young children need to be visible at all times and should not be left unsupervised to ensure they are kept safe. A similar non-compliance was observed on the previous inspection in March 2025, and the preventive actions had not been sustained.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Staf have been instructed to seek assistance from the manager when nappy changing is required. Management will assist during nappy changing times to ensure that children are not left unsupervised.

Supporting documentation submitted

- Signed staff training card.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 27 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) 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 complaint logbook included one complaint which had been received within the past two years.

(3) (a) (b) A record of any complaints received were recorded in a complaint logbook and was made available for review by the inspection team.

Non-Compliance Information

(2) (b) Documentation relating to the closure of one complaint was not available for review. A number of emails and a record of a phone call with the complainant were reviewed and management advised that the complaint was closed verbally during this phone call however there was no documentary evidence to show this. This is at variance with the service policy which states that complaint phone call conversations will be documented.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) (b) The file concerned has been updated and a note made indicating how the complaint has been closed. Regional management will inspect the complaints files on a regular basis to ensure that they are being maintained in accordance with our policy.

Supporting documentation submitted

- Signed staff training card.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 32 has been addressed.