Early Years Inspectorate Regulatory Report
School Age Services

TUSLA Identifier:	TU2021DY011SA
Name of School Age Service:	Tenderhearts Ltd T/A Little Learners
Name of Registered Provider(s):	Nessa McNamara
Address of School Age Service:	40 Lower Drumcondra Road Drumcondra Dublin 9 Co. Dublin
Eircode:	D09 V5R9

Date(s) of Inspection:	19 March 2026	
Number of school age children present during inspection:	**PM**	148
Registration status:	Registered	
Conditions (if applicable):	Not applicable	

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:	L. Webster and M. McDonnell
Title:	Early Years Inspectors

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

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Description of Service:	Tenderhearts Ltd T/A Little Learners is based in a multi-use building in Dublin city centre. The service is based on the ground and first floor of the premises. The service provides care for children aged 4 to 12 years old. A breakfast club operates from 7.45 to 9.00am and an afterschool club is registered from 1.00 to 6.00pm during term time. The children have access to a range of care rooms and specific purpose rooms, sanitary facilities and an outdoor area onsite. There is also a kitchen onsite. The registered provider also operates a registered preschool service on the premises.

Staffing:	The registered provider works in the service in a supernumerary capacity. The registered provider employs 31 staff members; some staff members work solely with school-age children, whilst some work in the registered pre-school and school age service. The staff comprises four management staff, two managers who work directly with the staff supervising the children and 21 staff members who work directly with the children. There are also three staff members who support collections and a cleaner.

Additional Information:	An Immediate Action Notice (IAN) was issued on inspection in relation to the absence of a Garda Vetting Disclosure for a member of staff working in the service. A response which mitigated the risk was received from the service on the 20 March 2026.

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Legislation

Tusla's Early Years Inspectorate is the independent statutory regulator of School Age Services in Ireland, and its role is to promote and monitor the safety and quality of school age care provision in accordance with the following legislation:

- The Child and Family Agency Act 2013, Part 12.
- Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022.
- The Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018).

A school age service means any early years' service, play group, day nursery, crèche, day-care or other similar service which:

a) caters for children under the age of 15 years enrolled in a school providing primary or post-primary education,
b) provides a range of activities that are developmental, educational and recreational in manner, which take place outside of school hours, the primary purpose of which is to care for children where their parents are unavailable, and
c) the basis for access to which is made publicly known to the parents and guardians of the children referred to in point (a) above.

It is the responsibility of a registered provider to ensure the safety and well-being of school age children and the above legislation authorises Tusla to assess compliance with the Regulations.

Inspection Methodology:

The inspection is unannounced to assess compliance with the Child Care Act 1991 (Early Years Services) Registration of School Age Services Regulations 2018 (S.I. 575 of 2018), Child Care Act 1991 (Early Years Services) (Registration of School Age Services) (Amendment) Regulations 2022, and the Child Care Act 1991, Section 58 as amended by Part 12 of the Child and Family Agency Act, 2013.

The findings on inspection are gathered through a triangulation method, including:

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

This inspection aims to determine the extent to which service is appropriate for the care, safety, and wellbeing of children in accordance with the regulations cited above.

Inspection findings are documented in the School Age Services 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 corrected the non-compliance and how they will prevent them 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 CAPA 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.

Acknowledgements:

The inspectors wish to acknowledge the co-operation of the children, registered provider, and staff who were present on the day of inspection.

Summary of Findings:

On the day of inspection, the registered provider was found to be compliant in:

- Regulation 8(1)(a)(b): Vetting disclosures.
- Regulation 9(1)(2): Staffing levels.
- Regulation 10 Policies.
- Regulation 12: Insurance.
- Regulation 13(1)(a)(b)(c) Complaints.

On the day of inspection, the registered provider was found to be non-compliant in:

- Regulation 8(1)(a)(c)(d)(2): Vetting disclosures.
- Regulation 13(2)(a)(b) Complaints.
- Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013.

Conclusion and follow up actions:

The registered provider submitted a corrective and preventive actions. This action plan and evidence have addressed the non-compliances as identified on inspection.

Regulation 8: Vetting disclosures

(1) A registered provider of a school age service other than a childminding service 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 Síochana 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.

(2) The procedures specified in paragraph 1 shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the school age service.

Regulatory Requirement Met

The inspectors reviewed the staff files of the registered provider and 31 staff members. There were two written references for the registered provider and two written and validated references available for each of the 30 staff members from either a previous employer or source other than a previous employer. Garda Vetting disclosures were available for 30 staff members and the registered provider. These Garda Vetting disclosures available were dated within the last three years demonstrating compliance with the Renewal of Garda Vetting regulatory notice. Documentation available demonstrated that police vetting was not required for the registered provider or ten staff members. The inspector was able to review the police vetting required for 16 staff members who had lived outside of the jurisdiction for six months or more.

Regulatory Requirement not met
(1) (a)(b) The were no written and validated references for one staff member employed in the service. (1)(d) An Immediate action notice was issued to the registered provider on the day of inspection due to the absence of Garda vetting for one staff member. (1)(d) A review of documentation available demonstrated that three staff members required police vetting as they had resided outside of the jurisdiction for 6 months of more. This police vetting was not available for review on inspection. (2) The registered provider had not ensured that vetting procedures had been completed prior to staff being employed and working directly with the children.
Corrective & Preventive Action Response submitted by the Registered Provider
1(a)(b) A full audit of all staff files was completed on 20/3/26. Missing validated references were requested and obtained. All staff files are now fully compliant. A new staff file checklist has been introduced and must be completed before any staff member commences employment. The manager is responsible for reviewing all files monthly. 1(d) A new staff file checklist has been introduced and must be completed before any staff member commences employment. The manager is responsible for reviewing all files monthly. A tracking log has also been implemented to flag renewal dates of garda vetting. 1(d) Missing police vetting records were requested and is in the process of being obtained. While we await police vetting certificate, the staff members do not have direct access to children A new staff file checklist has been introduced and must be completed before any staff member commences employment. The manager is responsible for reviewing all files monthly.

(2) Any staff member without a completed Garda vetting disclosure/police vetting was immediately removed from unsupervised contact with children until valid vetting clearance was obtained. At present, all staff working directly with children have up-to-date vetting disclosures in place. No staff member will commence employment or have any direct contact with children until Garda vetting /police clearance is received and verified. A vetting tracker system has been introduced to monitor application status and renewal dates.

Summary of Findings

The corrective and preventative actions provided by the registered provider are adequate to address the non-compliances under Regulation 8 1(a)(b) however 1(d) remains outstanding and will be reviewed upon next inspection.

Regulation 9: Staffing levels

(1) Subject to this Regulation, a registered provider of a school age service other than a childminding service shall ensure that there is at all times an adequate number of competent and suitable adults on the premises while the service is operating.

(2) Without prejudice to paragraph (1), a registered provider of a school age service other than a childminding service shall ensure that there is a minimum ratio of 1 adult to 12 children at all times while the service is operating.

(4) A registered provider of a school age service shall ensure that the school age children attending the service are appropriately supervised at all times.

Regulatory Requirement Met

(1)(2) On the day of inspection, there was a sufficient number of adults working directly with the children. There were 19 adults working directly with 148 children alongside 3 management staff supporting transitions and collections.

(4) Appropriate supervision with the children was observed within the rooms moving between activities and upon collection.

Regulation 10: Policies of a school age service
A registered provider of a school age service shall ensure that the policies and statements specified in Schedule 6 are in place for the service.
Regulatory Requirement Met
The registered provider ensured that the following policies were available • Complaints Policy. • Behaviour management Policy .

Regulation 12: Insurance
A registered provider shall ensure that the school age service is adequately insured.
Regulatory Requirement Met
The service had insurance cover for a maximum attendance of 400 children in the service. Insurance cover was valid from the 28 March 2025 to the 27 March 2026.

Regulation 13: Complaints
(1) A registered provider of a school age service other than a childminding service 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* *© 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 of a school age service other than a childminding service shall ensure that—* *(a) a record in writing is kept of a complaint made to the provider in respect of the school age service, and* *(b) the complaint is duly dealt with in accordance with the provider's complaints policy.*

Regulatory Requirement Met
The complaints policy detailed the procedure for making a complaint, which included complaints from staff members and children. The policy detailed how verbal and written complaints would be dealt with, recorded and how a complainant would be kept informed of the complaints procedure and specified timelines for responses.
Regulatory Requirement not met
(2)(a)(b) A record in writing to demonstrate that complaints had been dealt with in accordance with the service's policy was not available on inspection. The inspector reviewed a sample of complaints and discussed complaints with management staff. Following a conversation with the inspector and a staff member, it became evident that a complaint had been made. However, it was determined that there was no written record of the actions taken by the management team and outcome as discussed by the staff member. This was at variance with the services policy which states "Any complaint made verbally will be documented and the complaint will be investigated".
Corrective & Preventive Action Response submitted by the Registered Provider
2(a)(b) The complaint referenced has now been documented in full, including details of the concern raised, actions taken by management, and the outcome. A review of all recent complaints (formal and informal) was conducted on 20/03/26 to ensure that all were appropriately recorded and aligned with the service's complaints policy. Any gaps identified were immediately addressed and documented. A standardised complaints recording form has been introduced for all complaints, including those made verbally. Staff have been re-informed and trained that all verbal complaints must be documented, investigated, and recorded in line with policy. A central complaints log has been implemented to track each complaint from receipt through to outcome. The Person in Charge is responsible for reviewing and signing off on all complaint records to ensure completeness and compliance. The complaints policy has been revisited with the team to reinforce procedures and expectations.

Summary of Findings
The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances under Regulation 13 2 (a)(b).

Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013
It shall be the duty of every person providing an early years service to take all reasonable measures to safeguard the health, safety and welfare of children attending the service and to comply with regulations made by the Minister under this Part.

Regulatory Requirement Met

During the inspection, the inspectors observed the health, safety and welfare of children being supported by the following:

- The children attending the service had a range of activities they could participate in. Each room had a specific number of children and staff. Some rooms had small play equipment whilst others provided other opportunities. For example, there was a games room and on the day of inspection children were doing clay making activities. There was also a dedicated art room. Children spoke to an inspector about the props they were making for an upcoming drama production that was being organised by staff and children.
- Staff members spoke of how children could participate in all the activities in the service. To support interaction and effective behaviour management specified groups were at a maximum of 12 children. The inspector observed a discussion with a staff member and children over the clay activity which was respectful of the children and supported them in waiting for the next session available. On speaking to a small group of children it was evident that they understood that they could chose an activity and if required they may have to wait.
- Inspectors spoke with a variety of staff members in the service who were very clear about their role and management roles. For example, whilst there were small staff teams for a room, one staff member had a specific role of maintaining the attendance log for their room and responding to messages. This allowed the supervisory management staff to organise

children between activities as well as entering and exciting the service. Staff members also spoke of regular small team meetings within their groups working with certain children to support each other and discuss any issues.

- A review of records demonstrated that 21 staff members had First aid training and of these, 6 had First Aid Responder training.
- The entrance to the rooms and areas children attended in the shared building was accessible only through locked doors with buzzer and keypad access codes. This supported the supervised access and exit of visitors and children.

Regulatory Requirement not met

1. The registered provider had not ensured that the child safeguarding policy and procedures had been effectively followed to support the safety of the children attending the service. The following was observed on inspection.
    - The inspectors spoke to members of management staff who discussed a previous disclosure from a staff member and actions they had taken including speaking to staff members. There were no written documents available to demonstrate that the service's policy had been followed.
    - On inspection a staff member was in the vicinity when a disclosure was made to an inspector. The staff member's response to the child's disclosure was not reflective of the service's policy which states management staff should be immediately informed.
2. The service did not ensure that medication required for children was appropriate and readily available. Emergency medicine required for a child attending the service had expired in June 2025 therefore the medication could be ineffective in an emergency.

Corrective & Preventive Action Response submitted by the Registered Provider

1. We have now instructed all managers to document any discussions or complaints no matter how informal so that there is a record. The staff member was spoken to and received refresher in training on how to manage a disclosure. A standardised complaints recording form has been introduced for all complaints, including those made verbally. Staff have been re-informed and

trained that all verbal complaints must be documented, investigated, and recorded in line with policy. A central complaints log has been implemented to track each complaint from receipt through to outcome. The Person in Charge is responsible for reviewing and signing off on all complaint records to ensure completeness and compliance. The complaints policy has been revisited with the team to reinforce procedures and expectations. All staff will receive refresher training in child safeguarding.

2. The expired medication was immediately removed from the service upon identification. The child's parent/guardian was contacted without delay, and replacement, in-date medication was obtained. A full audit of all children's medication within the service was conducted to ensure all medications are in date and appropriately stored. A designated staff member/manager reviewed all medication records and expiry dates to confirm compliance. The child's care plan was reviewed and updated to ensure all medical needs are clearly documented and current. Staff were briefed immediately on the importance of checking medication expiry dates and ensuring availability at all times.

There has been an introduction of a medication register with clearly recorded expiry dates for all children requiring medication. Implementation of a monthly medication audit to check expiry dates and storage compliance. Use of a medication expiry tracking system (e.g., calendar alerts/logbook reminders) to flag upcoming expiry dates in advance. Review and update of the service's medication management policy to include clear procedures for monitoring expiry dates. Inclusion of named responsibility (e.g., Manager/Designated Staff Member) for overseeing medication compliance. All staff will receive refresher training on medication management and safeguarding responsibilities. Emphasis will be placed on risk awareness and accountability regarding children's medical needs. Parents/guardians will be reminded of their responsibility to supply in-date medication and inform the service of any changes. A system will be introduced to notify parents in advance of upcoming expiry dates. Monthly checks will be documented and signed off by management. Medication compliance will form part of regular internal audits and supervision meetings.

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Summary of Findings
The corrective and preventative actions provided by the registered provider are sufficient to address the non-compliances under the Child Care Act 1991, Section 58(G) as amended by Part 12 of the Child and Family Agency Act, 2013, and will be reviewed upon next inspection.