

Early Learning and Childcare Facility Inspection Report

Type of Inspection: Monitoring Inspection

Pursuant to section 21 of the *Early Childhood Services Act*, operators of licensed early learning and childcare facilities must post their most recent inspection report in a clearly visible and prominent place in the facility.

| Name of operator | | Licence Number | | Inspection Date | |
|--|--|-------------------------------|----------------------|---------------------|--|
| Greater Moncton YMCA Inc. | | 368027 | | July 07, 2022 | |
| Facility Name | <u>.</u> | | Telephon | e Number | |
| YMCA Afterschool - Moncton | | | (506) 857-0606 | | |
| Address | | | <u> </u> | | |
| 30 War Veterans Avenue Moncton NB E1C 0B3 | | | | | |
| Name of Early Learning and Childcare Licensing Staff | | Position Title | | | |
| Tina Richard Tardif | | Inspector | | | |
| Order for Compliance | | Regulation | Date to be corrected | Date corrected | |
| 24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility: (f) daily attendance records of the children on forms provided by the Minister. | | 24(1)(f) | Jul 07, 2022 | | |
| Comments: Attendance records must be accurate a group several children had been transit attendance records of the group they had marked in on the attendance record so | tioned to another on an left. Children m | group howeve oust be marke | er they had not be | en removed from the | |
| 30(3) An operator shall maintain the indoor play area of a licensed facility to ensure the safety of the children. | | , , | Jul 07, 2022 | Jul 07, 2022 | |
| Comments: In one room, the tables had not been compaper towels, crumbs and wrappers the inspection. Deficiency is now compliant | at need to be clear | | | | |
| General Comments | | | | | |
| original signed by Tina Richard Tardif Signature of Early Learning and Childcare Licensir | ng Staff D | ate | July 07, 2022 | | |
| original signed by Stehanie Breau | | | July 07, 2022 | | |
| Signature of Operator/Designate | | ate | | | |