

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 THE CORPORATION OF THE ANGLICAN PARISH OF SHEDIAC		Inspection Date October 20, 2026
Facility Name St.Martin's Day Care and After School Kids Klub		Licence Number 2006392
Address 3400 134 Route Shediac Cape NB E4P 3J2		Telephone Number (506) 532-0036
Type of Facility Full-time Early Learning and Child Care Centre	Maximum Number of Children 31	Ages of Children PRESCHOOL SCHOOL-AGE
ELCC Licensing Staff Sophie Powers	Position Title Quality Assurance Monitor	

Order for Compliance	Regulation	Date to be corrected	Date corrected
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General Comments The Quality Assurance Monitor (QAM) is on site to conduct a monitoring inspection. During the visit, the following elements were verified: - Child-to-staff ratios - Washroom and diaper-changing area - Rest area and equipment - Storage for personal belongings and cleaning supplies - Daily programming of activities - Daily routine - Indoor play area, materials, and equipment During the inspection, children were observed playing outdoors and entered the facility for lunch at approximately 11:30 a.m. There are sufficient and safe washroom facilities to meet the needs of the number and ages of children enrolled in the facility. The diaper-changing area was found to be compliant. The facility provides easily accessible storage space for the personal belongings of each child in attendance. A visual inspection of the indoor play area, materials, and equipment demonstrated compliance with licensing requirements. No non-compliances were observed at the time of the inspection.
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original signed by
Sophie Powers

Signature of Early Learning and Childcare Licensing Staff

October 20, 2026

Date

original signed by
Brandon Conner

October 20, 2026

Signature of Operator/Designated staff

Date

"I hereby acknowledge receipt of this report"