

## Early Learning and Childcare Facility Inspection Report

Type of Inspection:  
Follow-Up 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 Catherine Crilley	Licence Number 2014855	Inspection Date October 02, 2020
Facility Name Crilley Connections Child Care		Telephone Number (506) 357-9938
Address 281 Restigouche Road Oromocto NB E2V 2H2		
Name of Early Learning and Childcare Licensing Staff Sabrina Diotte		Position Title Inspector

Order for Compliance	Regulation	Date to be corrected	Date corrected
11 The qualifications and training requirements for administrators and educators are as follows: (b) educators must have successfully completed the Introduction to Early Childhood Education course or hold an Early Childhood Education Certificate.	11(b)	Sep 15, 2020	Oct 02, 2020
Comments:			
11(c)(ii) The qualifications and training requirements for administrators and educators are as follows: (c) at a full-time or part-time early learning and childcare centre, (ii) on and after July 1, 2020, (A) at least 50% of educators must hold a one-year Early Childhood Education Certificate or training that is equivalent in the opinion of the Minister, and (B) an administrator must hold a one-year Early Childhood Education Certificate or training that is equivalent in the opinion of the Minister.	11(c)(ii)	Sep 15, 2020	
Comments:			

<b>General Comments</b>  As per Section 11(c)(ii) of the ACT, 50% of your staff must have their ECE. We are waiting for further clarification regarding equivalences. You remain in non compliance with this aspect of the act, however, I am still recommending for liscencing. When further information is provided, you will need to be in compliance with this part of the ACT.
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original signed by  
Sabrina Diotte

October 02, 2020

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Signature of Early Learning and Childcare Licensing Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Operator/Designate

\_\_\_\_\_  
Date