

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 Nu | | umber | | Inspection Date | | |
|---|------------|------------------------|---------------------------|------------------|-----------------|----------------|--|
| Kinderland Day Care Centre (2001) Ltd. | 2018032 | | | March 18, 2022 | | | |
| Facility Name | | | | Telephone Number | | | |
| Kinderland Infant Care | | | | | (506) 453-0193 | | |
| Address | | | | | | | |
| 168 Canada Street Fredericton NB E3A 3Z8 | | | | | | | |
| Name of Early Learning and Childcare Licensing Staff | | | Position Title | | | | |
| Joanne Voye Page | | | Quality Assurance Monitor | | | | |
| Order for Compliance | | Regu | 0 | | to be cted | Date corrected | |
| General Comments | | | | | | | |
| Monitoring visit performed. Children were napping upon arrival. Educators were observed doing 15 minute checks. I am sorry I missed the babies today. After nap children today, normally the plan is to enjoy free play but today is show and tell. After snack the children will enjoy outdoor play opportunities. It is a sunny and warm today too, an added bonus!!! Administrative records were reviewed - attendance, infant toddler records, fire drills etc Staff records were also reviewed. Educators were busy preparing for afternoon activities while the children napped. Both educators are currently enrolled in either the Intro to ECE or the 1 year ECE certificate program along with working full time. Good for you both and best of luck in completing your educational programs. | | | | | | | |
| original signed by Joanne Voye Page Signature of Early Learning and Childcare Licensing Stat original signed by | ff Da | March 18, 2022 Date | | | | | |
| Virginia Sutton | | | March 18, 2022 | | | | |
| Signature of Operator/Designate | Da | ate | | | | | |
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