

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 VALLEY VIEW KIDS CARE INC.		Inspection Date September 16, 2026
Facility Name Madi's Friends Daycare (3)		Licence Number 2018419
Address 335 rue Chapel Grand-Sault/Grand Falls NB E3Z 2M5		Telephone Number (506) 582-5437
Type of Facility Full-time Early Learning and Childcare Centre	Maximum Number of Children 43	Ages of Children PRESCHOOL SCHOOL-AGE
ELCC Licensing Staff Pascale Dumont-Levesque	Position Title Quality Assurance Monitor	

Order for Compliance	Regulation	Date to be corrected	Date corrected
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General Comments During my unannounced morning visit, I observed that the required staff-to-child ratios were maintained for all age groups in attendance. No school-age children were present at the time of the visit. -Three employee files were reviewed, and personnel information was verified and updated. -Ten children's files (for children aged 3 and 4 years) were reviewed, including verification of signed consent forms. -Children's personal belongings were stored separately and clearly labeled with each child's name. -Medications are stored in a locked cabinet and kept out of children's reach. Administration records were maintained and completed for each child receiving medication. -Both minor and major incidents were documented and signed by parents. - Management of potential illness forms are completed as required. The handwashing routine was observed in all groups and snacks provided by parents were available for the children. During the visit, the children are going outside during my visit.

original signed by Pascale Dumont-Levesque	September 16, 2026
Signature of Early Learning and Childcare Licensing Staff	Date

original signed by Jessica Morin	September 16, 2026
Signature of Operator/Designated staff	Date

"I hereby acknowledge receipt of this report"