



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 Origins Natural Learning Childcare Ltd	Inspection Date January 30, 2026	
Facility Name Origins NLC 627	Licence Number 2019627	
Address 4 Landing Court Quispamsis NB E2E 4R2	Telephone Number (506) 634-1979	
Type of Facility Full-time Early Learning and Childcare Centre	Maximum Number of Children 10	Ages of Children PRESCHOOL
ELCC Licensing Staff Abby Nice	Position Title Quality Assurance Monitor	
Order for Compliance	Regulation	Date to be corrected

General Comments
QAM observed the preschool learning environment during the visit. The educator observed that the children are currently interested in learning about space. Documentation related to planets and space facts was displayed on the walls, reflecting this area of focus.
QAM observed the children participating in a music and movement activity, where they were dancing, singing, and using actions. During the transition to snacks, children were instructed to wash their hands in a line then moved onto eating their snack. The educator provided positive guidance throughout the transition. Child-to-staff ratios were accurate and up to date, and the educator's incident report documentation was current.
During the inspection of the learning environment, QAM offered some suggestions with the educator and administrator regarding opportunities to enhance the dramatic play area. QAM suggested adding materials such as dress-up clothing, a play kitchen, a play grocery store with food items, and pretend dolls or animals to further support imaginative and social play.

original signed by
Abby Nice

January 30, 2026

Signature of Early Learning and Childcare Licensing Staff

Date

original signed by
Courtney Richard

January 30, 2026

Signature of Operator/Designated staff

Date

"I hereby acknowledge receipt of this report"