

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 Number Inspection [Date				
Bright Beginnings Daycare Inc.	508029				September 11, 2023			
Facility Name	•				Telephone	Number		
Bright Beginnings Daycare					(506) 458-6998			
Address								
486 Needham Street Fredericton NB E3B 1P1								
Name of Early Learning and Childcare Licensing Staff			Position Title					
Megan Munden				Quality Assurance Monitor				
Order for Compliance	Regula		ulation	Date to be corrected		Date corrected		
31(4) An operator shall ensure that the outdoor play area of a licensed facility (b) consists of more than one surface to permit different types of play.		31(4)(b)		Aug 31, 2023		Aug 21, 2023		
Comments: Deficiency is now compliant								
33(1) An operator of a licensed facility shall provide outdoor play area materials and equipment that are varied and in sufficient quantity for the number and ages of the children receiving services at the licensed facility.		33(1) Aug		Aug 1	17, 2023	Sep 11, 2023		
Comments: Deficiency is now compliant								
General Comments								
Megan Munden and Laura Casey arrived at the licensed follow-up Renewal Inspection.	facility to o	do a	follow-up	Moni	toring Inspe	ection and		
The outdoor play space has been organized and artificial walkway surrounding the pea gravel has also been swept						The paved		
Toys and outdoor materials are being stored in the shed a Assurance Monitor will follow up to ensure the materials a children.								
The director shared that the Jungle Room had been received hang artwork and other documents, the walls appear danthis space look more inviting.						•		
original signed by Megan Munden			Sent	tembe	r 11, 2023			
Signature of Early Learning and Childcare Licensing Staff Date								

Signature of Operator/Designate	Signature	of O	perator	/Desi	ignate
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Date