

Early Learning and Childcare Facility Inspection Report

Type of Inspection:
Renewal 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 Hands On Learning Centre Inc.	Licence Number 2007561	Inspection Date June 18, 2021	
Facility Name Hands On Learning Center Riverview		Telephone Number (506) 383-4263	
Address 330 Pine Glen Road Riverview NB E1B 1V6			
Name of Early Learning and Childcare Licensing Staff Ashley Kelly		Position Title Inspector	
Order for Compliance	Regulation	Date to be corrected	Date corrected
20 For the purposes of section 17 of the Act, the requirements with respect to the transportation of children are as follows: (c) the driver of a motor vehicle and the motor vehicle must be in compliance with the Motor Vehicle Act and the regulations under that Act.	20(c)	Jun 18, 2021	
Comments: Fire extinguisher is not secured in the bus. Fire extinguisher in vehicle must be secured as it poses a safety hazard.			
20 For the purposes of section 17 of the Act, the requirements with respect to the transportation of children are as follows: (d) the motor vehicle must be equipped with (ii) a first aid kit that is equipped with the contents prescribed by New Brunswick Regulation 2004-130 under the Occupational Health and Safety Act, as a first aid kit that is not a personal, Type P first aid kit.	20(d)(ii)	Jun 21, 2021	
Comments: Various items missing from first aid kit. All vehicles must have a complete first aid kit.			
24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility: (b) child records that include: (ii) the name, address and telephone number of the child's medical practitioner.	24(1)(b)(ii)	Jun 25, 2021	
Comments: Several child profiles missing complete addresses for medical practitioners. All addresses must contain street address, city, and postal code.			
24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility: (b) child records that include: (iv) the name, address and telephone number of at least two individuals authorized by the child's parent or guardian to pick up the child and to be contacted in case of an emergency if the parent or guardian cannot be reached,	24(1)(b)(iv)	Jun 25, 2021	
Comments: Several child profiles missing complete addresses for emergency contacts. Complete addresses must include street address, city, and postal code.			
44 An operator of a licensed facility shall have a first aid kit that is equipped with the contents prescribed by New Brunswick Regulation 2004-130 under the Occupational Health and Safety Act as a first aid kit that is not a personal, Type P first aid kit, and a telephone in working order (a) on the premises of the licensed facility.	44(a)	Jun 21, 2021	

Order for Compliance	Regulation	Date to be corrected	Date corrected
Comments: Indoor first aid kit is missing 5 8x10 abdominal pads, and has expired antiseptic wipes. These items must be replaced.			
44 An operator of a licensed facility shall have a first aid kit that is equipped with the contents prescribed by New Brunswick Regulation 2004-130 under the Occupational Health and Safety Act as a first aid kit that is not a personal, Type P first aid kit, and a telephone in working order (c) on each outing.	44(c)	Jun 18, 2021	
Comments: First aid kit was not taken outside with the group to the playground. First aid kit must be taken with children when outside.			

General Comments
<p>All requirements for Covid-19 are being met at this time.</p> <p>Inspector observed the children participating in various activities outside during the inspection.</p>

original signed by Ashley Kelly	June 18, 2021
_____ Signature of Early Learning and Childcare Licensing Staff	_____ Date

original signed by Melissa Langille	June 18, 2021
_____ Signature of Operator/Designate	_____ Date