

Early Learning and Childcare Facility Inspection Report

Type of Inspection: Follow-Up 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 Num		mber		Inspection Date		
AMILY TIES PLAY CARE INC 2012115					May 24, 2019		
Facility Name					Telephone Number		
FAMILY TIES PLAYCARE CENTRE				(506) 214-6789			
Address							
166 Tower Street Saint John NB E2M 1Z2							
Name of Early Learning and Childcare Licensing Staff		Position Title					
Jodi Hennessey			Inspector				
Order for Compliance		3		Date to be corrected		Date corrected	
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: (e) administration of medication records.		24(1(e)		May 21, 2019		May 24, 2019	
Comments: Deficiency is now compliant							
27 An operator of a licensed facility shall obtain the written consent of a parent or guardian of a child receiving services at the licensed facility before doing any of the following: (c) permitting the administration of medication in the circumstances set out in section 46.		27(c)		May 21, 2019		May 24, 2019	
Comments: Deficiency is now compliant							
46(4) An operator of a licensed facility shall maintain a chronologically filed medication record of all medication administered to a child. Comments: Deficiency is now compliant		46(4)		/lay 2	1, 2019	May 24, 2019	
Comments: Deficiency is now compliant							
General Comments							
Follow up to annual inspection: On annual inspection Regulation 45 (3) (a)Was marked		complia	ance. Th	nis no	on-complia	ance did not	
transfer to follow-up. It is in compliance as of May 24, 20	19.						
original signed by Jodi Hennessey			May 24, 2019				
Signature of Early Learning and Childcare Licensing Staf	f Da	ate					
original signed by Roxanne Beck		May 24, 2019					
Signature of Operator/Designate Date							