Brunswick logo with text:
New / Nouveau
Brunswick

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
JANIE'S KID ZONE INC.	2017241	June 14, 2021

Facility Name	Telephone Number
KID ZONE K-PARK AFTER SCHOOL PROGRAM	(506) 849-0123

Address
10 Broadway Street Rothesay NB E2H 1B2

Name of Early Learning and Childcare Licensing Staff	Position Title
Jodi Hennessey	Quality Assurance Monitor

Order for Compliance	Regulation	Date to be corrected	Date corrected
11 The qualifications and training requirements for administrators and educators are as follows: (a) an administrator and educators must hold a valid first aid certificate and a valid cardiopulmonary resuscitation certificate;	11(a)	Jun 30, 2021	
Comments: First Aid/CPR missing for one staff. Cannot be left alone with the children until proof of training is obtained.			
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: (c) staff member records that include (vii) a copy of a valid first aid certificate and a valid cardiopulmonary resuscitation certificate for each administrator and educator.	24(1)(c)(vii)	Jun 30, 2021	
Comments: First Aid/CPR missing for one staff. Cannot be left alone with the children until proof of training is obtained.			

General Comments

During follow up inspection it was noted that a staff does not have First Aid/CPR training. This staff cannot be alone with the children until proof of training is obtained.

Children were observed in playing in dramatic play area as well as creating art.

original signed by
Jodi Hennessey   June 14, 2021
_____   _____
Signature of Early Learning and Childcare Licensing Staff   Date

_____   _____
Signature of Operator/Designate   Date