

<b>Center Name:</b> Busy Bees Child Care Center		<b>Address:</b> 300 Panorama PI NE Albuquerque, NM 87112			<b>Phone:</b> (505)266-0225		
<b>License Number:</b> 148775	<b>Issue Date:</b> 07/1/2017	<b>Expiration Date:</b> 06/30/2018	<b>Type:</b> 5 Star FOCUS Child Care Center		<b>Status:</b> Licensed		
<b>Capacity</b>					<b>Census</b>		
Over Age 2:	124	Under Age 2:	29	Night Care:	0	Playground:	104
		Over 2:	33	Under 2:	7		
<b>Days and Hours of Operation</b>							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	06:00 AM	06:00 AM	06:00 AM	06:00 AM	06:30 AM	Closed	Closed
Closing Times:	06:30 PM	06:30 PM	06:30 PM	06:30 PM	06:30 PM		
<b># of Classrooms:</b> 6	<b>Purpose:</b> Semi-Annual		<b>Date:</b> 11/06/2017		<b>Time:</b> 01:10 PM		
<b>Comments</b>							

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

Licensure	
8.16.2.11 A TYPES OF LICENSES	Not Inspected
8.16.2.11 B RENEWAL OF LICENSE	Not Inspected
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspected
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspected
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Not Inspected
8.16.2.18 D COMPLAINTS	Not Inspected
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspected
8.16.2.21 B CAPACITY OF CENTERS	Compliance
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected
Administrative Requirements	
8.16.2.22 A ADMINISTRATION RECORDS	Compliance
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected
8.16.2.22 C POLICY AND PROCEDURES	Compliance
8.16.2.22 D FAMILY HANDBOOK	Not Inspected
8.16.2.22 E CHILDREN'S RECORDS	Non-compliance

<b>Center Name:</b> Busy Bees Child Care Center	<b>License Number:</b> 148775	<b>Date:</b> 11/06/2017
<b>Administrative Requirements</b>		
<p><b>Deficiencies</b> Of the 10 children's records reviewed, 1 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.22 form for the child(ren) with no immunization/exemption. <b>Regulation:</b> 8.16.2.22E(1)(e)</p> <p><b>Corrective Action Plan</b> Parents will be advised to submit a complete and up-to-date immunization record or exemption. The center will review all children's records to ensure complete information is on file. <b>Date to be Completed:</b> 12/07/2017</p>		
<b>8.16.2.22 F PERSONNEL RECORDS</b>		Compliance
<b>8.16.2.22 G PERSONNEL HANDBOOK</b>		Not Inspected
<b>Personnel &amp; Staffing</b>		
<b>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</b>		Compliance
<p><b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b></p> <p><b>Deficiencies</b> Educators did not complete the following training within 3-months: CPR Training <b>Regulation:</b> 8.16.2.23B(2)(b)</p> <p><b>Corrective Action Plan</b> All educators, regardless of the number of hours per week, will complete the above listed training.  The following staff members need to complete the required training: <b>Date to be Completed:</b> 12/06/2017</p>		Non-compliance
<b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>		Compliance
<b>Services &amp; Care of Children</b>		
<b>8.16.2.24 A GUIDANCE</b>		Not Inspected
<b>8.16.2.24 B NAPS OR REST PERIOD</b>		Compliance
<b>8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS</b>		Compliance
<b>8.16.2.24 D DIAPERING AND TOILETING</b>		Compliance
<b>8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS</b>		Not Inspected
<b>8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE</b>		N/A
<b>8.16.2.24 G PHYSICAL ENVIRONMENT</b>		Compliance
<b>8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>		Not Inspected
<b>8.16.2.24 I EQUIPMENT AND PROGRAM</b>		Compliance
<b>8.16.2.24 J OUTDOOR PLAY AREAS</b>		Non-compliance

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<b>Services &amp; Care of Children</b>		
<p><b>Deficiencies</b> The fall zone underneath the slide; climber is not adequate as evidenced by the resilient material is not uniformly spread over the fall zone area. <b>Regulation:</b> 8.16.2.24J(3)</p> <p><b>Corrective Action Plan</b> An approved resilient surface will be provided beneath the climbing structures, swings, and slides. <b>Date to be Completed:</b> 12/06/2017</p>		
8.16.2.24 K SWIMMING, WADING AND WATER	Not Inspected	
8.16.2.24 L FIELD TRIPS	Not Inspected	
<b>Food Service</b>		
8.16.2.25 B MEALS AND SNACKS	Compliance	
8.16.2.25 C MENUS	Compliance	
8.16.2.25 D KITCHENS	Compliance	
8.16.2.25 E MEAL TIMES	Compliance	
<b>Health &amp; Safety Requirements</b>		
8.16.2.26 A HYGIENE	Compliance	
8.16.2.26 B FIRST AID REQUIREMENTS	Compliance	
8.16.2.26 C MEDICATION	Not Inspected	
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	Not Inspected	
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	Not Inspected	
<b>Buildings, Grounds &amp; Safety</b>		
8.16.2.29 A HOUSEKEEPING	Non-compliance	
<p><b>Deficiencies</b> The premises in the PK room are not clean as evidenced by unclean walls in bathroom. <b>Regulation:</b> 8.16.2.29A(1)</p> <p><b>Corrective Action Plan</b> Cleaning will be completed and a schedule for routine cleaning will be established. <b>Date to be Completed:</b> 12/06/2017</p> <p><b>Deficiencies</b> The premises in the older twos are not safe in that window sill chipping paint. <b>Regulation:</b> 8.16.2.29A(1)</p> <p><b>Corrective Action Plan</b> The safety violation will be corrected and a system for routine safety inspection developed. <b>Date to be Completed:</b> 12/06/2017</p>		

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**Buildings, Grounds & Safety**

**Deficiencies**

The equipment in the ones room are not clean as evidenced by unclean changing table.

Regulation: 8.16.2.29A(1)

**Corrective Action Plan**

Cleaning will be completed and a schedule for routine cleaning will be established.

Date to be Completed: 12/06/2017

**Deficiencies**

The Fixtures are not in good repair as evidenced by broken blinds in PK, older twos.

Regulation: 8.16.2.29A(1)

**Corrective Action Plan**

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Date to be Completed: 12/06/2017

**Deficiencies**

The premises in the Pk room are not clean as evidenced by unclean door.

Regulation: 8.16.2.29A(1)

**Corrective Action Plan**

Cleaning will be completed and a schedule for routine cleaning will be established.

Date to be Completed: 12/06/2017

**Deficiencies**

The Premises are not in good repair as evidenced by torn yellow wall paper on shelf.

Regulation: 8.16.2.29A(1)

**Corrective Action Plan**

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Date to be Completed: 12/06/2017

**Deficiencies**

The Fixtures are not in good repair as evidenced by broken gate in infants room.

Regulation: 8.16.2.29A(1)

**Corrective Action Plan**

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Date to be Completed: 12/06/2017

**Deficiencies**

The equipment in the older and young twos are not clean as evidenced by unclean pillows

Regulation: 8.16.2.29A(1)

**Corrective Action Plan**

Cleaning will be completed and a schedule for routine cleaning will be established.

Date to be Completed: 12/06/2017

<b>8.16.2.29 B PEST CONTROL</b>	Compliance
<b>8.16.2.29 C MECHANICAL SYSTEMS</b>	Compliance
<b>8.16.2.29 D WATER AND WASTE</b>	Compliance
<b>8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL</b>	Compliance

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<b>Buildings, Grounds &amp; Safety</b>		
<b>8.16.2.29 F EXITS AND WINDOWS</b>	Compliance	
<b>8.16.2.29 G TOILET AND BATHING FACILITIES</b> <u>Deficiencies</u> The toilet room for PK room(s) is missing toilet paper in one dispenser <b>Regulation:</b> 8.16.2.29G(2) <u>Corrective Action Plan</u> The toilet room will be restocked and a routine established to monitor all toilet rooms for adequate supplies. <b>Date to be Completed:</b> 12/06/2017	Non-compliance	
<b>8.16.2.29 H SAFETY COMPLIANCE</b>	Compliance	
<b>8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>	Compliance	
<b>8.16.2.29 J PETS</b>	N/A	

Please note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans as noted above, may result in further action taken against the licensee.

SF 3/4/17

11/06/2017

Aljanet Wade

11/06/2017

Surveyor: Sylvia Foster

Date

Facility Rep: Aljanet Wade

Date