

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Center Name: | Address | S: | • | | | Phor | e: | |
|--|---|-----------------------|-----------------------------|------------|-----------------------|--------------------------|---------------|-------------------------|
| Noah's Ark Children's Center | s Ark Children's Center 4001 Montgomery NE Albuquerque, NM 87109 (505)88 | | | | 388-8852 | | | |
| License Number: Issue Date: | Expiration Date: | Туре: | | | Status: | _ | | |
| 166683 04/3/2017 | 04/2/2018 | 5 Star FOCU | JS Child Care Center | r Licensed | | | | |
| Capacity | • | - | | Ce | nsus | | | |
| Over Age 2: 190 Under Age 2: | 66 Night Care: | 0 Pla | ayground: 256 | Ove | er 2: | 56 | Under 2: | 33 |
| Days and Hours of Operation | | | | - | | | | |
| Monday Opening Times: 06:30 AM | <u>Tuesday</u> 06:30 AM | Wednesday 06:30 AM | <u>Thursday</u> 06:30 AM | | i <u>day</u> 30 AM | <u>Saturda</u> Closed | | <u>Sunday</u> Closed |
| Closing Times: 09:00 PM | 09:00 PM | 09:00 PM | 09:00 PM | | 00 PM | 010300 | | 010300 |
| _ | irpose: | | Date: | | | Time: | | |
| 12 Co | mplaint | | 12/28/2017 | | | 02:21 PM | | |
| Comments | | | | | | | | |
| A SURVEY OF YOUR FACILIT | Y HAS BEEN MADE AND YO | OU ARE NOTIFIED | O OF NON-COMPLIANCE | OF THE | E REGULATI | ONS AS NOTE | D BELOW: | |
| | | Licen | sure | | | | | |
| 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 | | | | | | | | Not Inspected |
| 8.16.2.21 C INCIDENT REPORTING RE | | | | | | | | Not Inspected |
| | Adm | ninistrative | Requirements | | | | | |
| 8.16.2.22 A ADMINISTRATION RECOR | DS | | | | | | | Not Inspected |
| 8.16.2.22 B MISSION, PHILOSOPHY A | ND CURRICULUM STAT | EMENT | | | | | | Not Inspected |
| 8.16.2.22 C POLICY AND PROCEDUR | ES | | | | | | | Not Inspected |
| 8.16.2.22 D FAMILY HANDBOOK | | | | | | | | Not Inspected |
| 8.16.2.22 E CHILDREN'S RECORDS | | | | | | | | Not Inspected |
| 8.16.2.22 F PERSONNEL RECORDS | | | | | | | | Not Inspected |
| 8.16.2.22 G PERSONNEL HANDBOOK | | | | | | | | Not Inspected |
| | | Personnel | & Staffing | | | | | |
| 8.16.2.23 A PERSONNEL AND STAFFI | NG REQUIREMENTS | | | | | | | Not Inspected |
| 8.16.2.23 B STAFF QUALIFICATIONS | AND TRAINING | | | | | | | Not Inspected |
| 8.16.2.23 C STAFF/CHILD RATIOS ANI | D GROUP SIZES | | | | | | | Not Inspected |

| Center Name: Noah's Ark Children's Center | License Number: 166683 | Date: 12/28/2017 | | |
|---|--------------------------------|---------------------|---------------|--|
| | s & Care of Children | | | |
| 8.16.2.24 A GUIDANCE | | | Not Inspected | |
| 8.16.2.24 B NAPS OR REST PERIOD | | | | |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TOD | Not Inspected Not Inspected | | | |
| 8.16.2.24 D DIAPERING AND TOILETING | Non-compliance | | | |
| Deficiencies A child in the 18 mo 35 mo. classroom remained in a wet a Regulation: 8.16.2.24D(2) | nd soiled diaper/clothing. | | | |
| Corrective Action Plan Requirements will be reviewed and discussed with staff. Date to be Completed: 12/20/2017 | | | | |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SI | | Not Inspected | | |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE | | | Not Inspected | |
| 8.16.2.24 G PHYSICAL ENVIRONMENT | Not Inspected | | | |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT | | | Not Inspected | |
| 8.16.2.24 I EQUIPMENT AND PROGRAM | | | | |
| 8.16.2.24 J OUTDOOR PLAY AREAS | | | | |
| 8.16.2.24 K SWIMMING, WADING AND WATER | | | Not Inspected | |
| 8.16.2.24 L FIELD TRIPS | | | Not Inspected | |
| F | Food Service | | | |
| 8.16.2.25 B MEALS AND SNACKS | | | Not Inspected | |
| 8.16.2.25 C MENUS | | | | |
| 8.16.2.25 D KITCHENS | | | | |
| 8.16.2.25 E MEAL TIMES | Not Inspected | | | |
| Health & | Safety Requirements | | | |
| 8.16.2.26 A HYGIENE | | | Not Inspected | |
| 8.16.2.26 B FIRST AID REQUIREMENTS | Not Inspected | | | |
| 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 | | | |
| Building | s, Grounds & Safety | | | |
| 8.16.2.29 A HOUSEKEEPING | | | Not Inspected | |
| 8.16.2.29 B PEST CONTROL | Not Inspected | | | |
| 8.16.2.29 C MECHANICAL SYSTEMS | Not Inspected | | | |
| 8.16.2.29 D WATER AND WASTE | Not Inspected | | | |
| 8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL | | | Not Inspected | |
| Survey Peport Form | | | Page 2 of | |

| License Number: | Date: | |
|------------------------|-------------------------|-------------------|
| 166683 | 12/28/2017 | |
| unds & Safety | | |
| | | Not Inspected |
| | | Not Inspected |
| | | Not Inspected |
| UGS AND CONTROLLED SUB | STANCES | Not Inspected |
| | | Not Inspected |
| | 166683 unds & Safety | 166683 12/28/2017 |

| 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. |

2/14 2:45 12/28/2017 12/28/2017 Surveyor:Patricia Williams Date Facility Rep:David Tyler Guerin Date