

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| | | Address: | | | | Phone | Phone: | | | |
|--|--------------------|---|-----------------|------------------------------|-----------------------------|---------------|--------------------|---------------------------|----------|-------------------------|
| Children's Choice Preschool | | 6501 Lomas Blvd NE Albuquerque, NM 87110 | | | (505)300-4741 | | | | | |
| License Number: | Issue Date: | Expiration [| Date: Type: Sta | | Status: | _ | | | | |
| 165207 | 12/1/2016 | 08/14/2017 | | 2 Star + Chi | ild Care Center | | Licensed | | | |
| Capacity | | | | | | - | isus | | | |
| Over Age 2: 40 | Under Age 2: | 0 Night | Care: | 0 Pla | ayground: 11 | Ove | er 2: | 12 | Under 2: | 0 |
| Days and Hours of (| - | | | | | | | | | |
| Opening Times: | Monday 07:30 AM | <u>Tuesda</u> 07:30 AN | | <u>/ednesday</u> 07:30 AM | <u>Thursday</u> 07:30 AM | | <u>day</u> 0 AM | <u>Saturday</u> Closed | | <u>Sunday</u> Closed |
| Closing Times: | · · · · · · - · · | 05:30 PM | | 05:30 PM | 05:30 PM | 05:3 | 0 AM | | | |
| # of Classrooms: | | Purpose: | | | Date: | | | Time: | | |
| 4 | | Annual | | | 06/01/2017 | | | 11:30 PM | | |
| Comments | | | | | | | | | | |
| A SUR\ | /EY OF YOUR FACI | LITY HAS BEEN MA | DE AND YOU | ARE NOTIFIEI | D OF NON-COMPLIANC | E OF THE | REGULATIO | ONS AS NOTED | 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 B RENEWAL OF LICENSE 8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE | | | | | | Not Inspected | | | | |
| | | | | | Not Inspected | | | | | |
| | | | | | Not Inspected | | | | | |
| 8.16.2.18 D COMPLAINTS Not Ins | | | | | Not Inspected | | | | | |
| 8.16.2.21 A LICENS | ING REQUIREM | ENTS | | | | | | | | Not Inspected |
| 8.16.2.21 B CAPACITY OF CENTERS Complian | | | | | Compliance | | | | | |
| 8.16.2.21 C INCIDENT REPORTING REQUIREMENTS Not Inspec | | | | | Not Inspected | | | | | |
| | | | Admi | nistrative | Requirements | | | | | |
| 8.16.2.22 A ADMINI | STRATION RECO | ORDS | | | | | | | | Compliance |
| 8.16.2.22 B MISSIO | N, PHILOSOPHY | | UM STATE | MENT | | | | | | Compliance |
| 8.16.2.22 C POLICY | AND PROCEDU | JRES | | | | | | | N | on-compliance |
| <u>Deficiencies</u> | | | | | | | | | | |
| The program does not have an up to date emergency evacuation and disaster preparedness plan approved by the department. | | | | | | | | | | |
| Regulation: 8.16. | | , iii. | | | | | | | | |
| Corrective Action | on Plan | | | | | | | | | |
| An emergency evacuation and disaster preparedness plan will be developed. | | | | | | | | | | |
| Date to be Completed: 07/03/2017 | | | | | | | | | | |
| 8.16.2.22 D FAMILY HANDBOOK Con | | | | Compliance | | | | | | |
| 8.16.2.22 E CHILDREN'S RECORDS Non-c | | | | on-compliance | | | | | | |
| | | | | | | | | | | |

| Center Name: | License Number: | Date: | |
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| Children's Choice Preschool | 165207 | 06/01/2017 | |
| Administrative R | equirements | | |
| Deficiencies Of the 5 children's records reviewed, 1 is/are missing a copy of an up-trecord or public health division approved exemption. See Children's Reformed the child(ren) with no immunization/exemption. Regulation: 8.16.2.22E(1)(e) Corrective Action Plan Parents will be advised to submit a complete and up-to-date immunization exemption. The center will review all children's records to ensure complete. Date to be Completed: 07/03/2017 | ecords 8.16.2.22 form tion record or | | |
| 8.16.2.22 F PERSONNEL RECORDS Deficiencies The center failed to have 2 out of 4 person(s) providing care to sign an they have, or have never had, an arrest or substantiated referral to a c agency. See Staff Records 8.16.2.22 form for staff with this missing int Regulation: 8.16.2.22F(1)(f) Corrective Action Plan The center will put processes in place to ensure that all care giving statistatements of non-conviction. Date to be Completed: 07/03/2017 | hild protective services formation. | | Non-compliance |
| Deficiencies From the review of staff records, it was determined that 1 out of 4 staff include the staff's position. See Staff Records 8.16.2.22 form for staff winformation. Regulation: 8.16.2.22F(1)(b) Corrective Action Plan The center will add the position to the record. Date to be Completed: 07/03/2017 | | | |
| Deficiencies From the review of staff records, it was determined that 1 out of 4 staff include the staff's current and past duties and responsibilities. See Staform for staff with this missing information. Regulation: 8.16.2.22F(1)(c) Corrective Action Plan The center will add staff's current and past duties and responsibilities to be Completed: 07/03/2017 | ff Records 8.16.2.22 | | |
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|---|-----------------------|----------------|--|--|--|
| Center Name: | License Number: | Date: | | | |
| Children's Choice Preschool | 165207 | 06/01/2017 | | | |
| Administrative Requirements | | | | | |
| Deficiencies From the review of staff records, it was determined that 1 out of 4 staff records does/do not include a professional development plan based on seven areas of competency. See Staff Records 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22F(1)(n) | | | | | |
| <u>Corrective Action Plan</u> The center will have staff complete a professional development plan and plan will be maintained on file. Date to be Completed: 07/03/2017 | d sign the plan.The | | | | |
| <u>Deficiencies</u> From the review of staff records, it was determined that 4 out of 4 staff r include an emergency contact number. See Staff Records 8.16.2.22 for missing information. Regulation: 8.16.2.22F(1)(i) | | | | | |
| <u>Corrective Action Plan</u> The center will have staff complete required information. Date to be Completed: 07/03/2017 | | | | | |
| Deficiencies From the review of staff records, it was determined that 4 out of 4 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed. Regulation: 8.16.2.22F(1)(P) | | | | | |
| Corrective Action Plan The center will have staff complete the required acknowledgement and will retain Date to be Completed: 07/03/2017 | in on file. | | | | |
| 8.16.2.22 G PERSONNEL HANDBOOK | | Compliance | | | |
| Personnel & S | taffing | | | | |
| 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS Compliance | | | | | |
| 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING | | Non-compliance | | | |
| Deficiencies From the review of staff records, it was determined that 4 out of 4 new s documentation of orientation training. See Staff Records 8.16.2.22 form documentation. Regulation: 8.16.2.23B(2)(a) | | | | | |
| <u>Corrective Action Plan</u> Orientation will be completed and documented for staff noted; in the futu be completed prior to time staff begin working with children. Date to be Completed: 07/03/2017 | ure, orientation will | | | | |
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| Center Name: Children's Choice Preschool | License Number: 165207 | Date: 06/01/2017 | | | |
|--|---|---------------------|--|--|--|
| | Personnel & Staffing | | | | |
| Deficiencies Educators did not complete the following training within 3-r infectious diseases (including immunization); prevention of use of safe sleeping practices; administration of medication parental consent; prevention of and response to emergence reactions; building and physical premises safety, including hazards that can cause bodily injury such as electrical haza traffic; prevention of shaken baby syndrome and abusive h and response planning for emergencies resulting from nature handling and storage of hazardous materials and the approprecautions in transporting children (if applicable); recognition neglect; Health and Safety Training Regulation: 8.16.2.23B(2)(b) Corrective Action Plan All educators, regardless of the number of hours per week, The following staff members need to complete the required Date to be Completed: 07/03/2017 | nonths: prevention and control of sudden infant death syndrome and n, consistent with standards for ties due to food or other allergic identification of and protection from ards, bodies of water, and vehicular ead trauma; emergency preparedness ural or man-caused disasters; opriate disposal of bio contaminants; tion and reporting of child abuse and | | | | |
| 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES | | Compliance | | | |
| | ervices & Care of Children | · · · | | | |
| 8.16.2.24 A GUIDANCE | | Compliance | | | |
| 8.16.2.24 B NAPS OR REST PERIOD | | Compliance | | | |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS A | | N/A | | | |
| 8.16.2.24 D DIAPERING AND TOILETING | | Not Inspected | | | |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN | WITH SPECIAL NEEDS | Compliance | | | |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CAF | | | | | |
| 8.16.2.24 G PHYSICAL ENVIRONMENT | | Compliance | | | |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONN | IENT | Compliance | | | |
| 8.16.2.24 I EQUIPMENT AND PROGRAM | Compliance | | | | |
| 8.16.2.24 J OUTDOOR PLAY AREAS | | Compliance | | | |
| 8.16.2.24 K SWIMMING, WADING AND WATER | Not Inspected | | | | |
| 8.16.2.24 L FIELD TRIPS | Compliance | | | | |
| Food Service | | | | | |
| 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 | | | |
| Health & Safety Requirements | | | | | |
| 8.16.2.26 A HYGIENE | ······································ | Compliance | | | |
| 8.16.2.26 B FIRST AID REQUIREMENTS | | Compliance | | | |
| | | | | | |
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| Center Name: | | License Number: | Date: | |
|--|------------------------|----------------------------------|--------------|----------------|
| Children's Choice Preschool | | 165207 | 06/01/2017 | |
| | Health & Safe | ety Requirements | | |
| 8.16.2.26 C MEDICATION | | | | Compliance |
| 8.16.2.27 A-D ILLNESS REQUIREMENTS FOR | CENTERS | | | Compliance |
| 8.16.2.28 A-H TRANSPORTATION REQUIREME | ENTS FOR CENTERS | | | Compliance |
| | Buildings, G | rounds & Safety | | |
| 8.16.2.29 A HOUSEKEEPING | | | | Compliance |
| 8.16.2.29 B PEST CONTROL | | | | Compliance |
| 8.16.2.29 C MECHANICAL SYSTEMS | | | | Compliance |
| 8.16.2.29 D WATER AND WASTE | | | | Compliance |
| 8.16.2.29 E LIGHTING, LIGHTING FIXTURES A | | | | Compliance |
| 8.16.2.29 F EXITS AND WINDOWS | | | | Compliance |
| 8.16.2.29 G TOILET AND BATHING FACILITIES | 3 | | | Compliance |
| 8.16.2.29 H SAFETY COMPLIANCE Deficiencies The center failed to conduct an emergence quarter. Regulation: 8.16.2.29H(1) Corrective Action Plan A center will conduct emergency prepare January of each calendar year. Date to be Completed: 07/03/2017 | | | | Non-compliance |
| 8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC | C BEVERAGES, ILLEGAL I | ORUGS AND CONTROLLED SUBS | TANCES | Compliance |
| 8.16.2.29 J PETS | | | | Compliance |
| | | | | |
| Please note: Per CYFD regulation NMAC above, may result in further action taken | | y with the corrective action pla | ans as noted | 06/01/2017 |
| Surveyor:Patricia Williams | Date | Facility Rep:Mike Ashcraft | | Date |
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Surveyor:Patricia Williams Survey Report Form