

| Center Name: Children's Choice at Bandelier |                 |  |                | Address: 3309 Pershing SE Albuquerque, NM 87106 |                 |             |             | Phone:<br>(505)296- | <b>Phone:</b> (505)296-2880 |  |
|---|-----------------|--|----------------|---|-----------------|-------------|-------------|---------------------|-----------------------------|--|
| License Number:                             | Issue Date:     | Exp  | iration Date:  | Type:   |                 |             | Status:     | •                   |                             |  |
| 72674 08/17/2016                            |                 | 08/1   | 6/2017         | 5 Star FOCUS Child Care Center                  |                 | nter        | Licensed    |                     |                             |  |
| Capacity                                    |                 | <u>.                                    </u> |                | •   |                 | Ce          | nsus        |                     |                             |  |
| Over Age 2: 111                             | Under Age 2:    | 0  | Night Care:    | 0 1   | Playground: 9   | 94 Ov       | er 2:       | 73 U                | nder 2: 0                   |  |
| Days and Hours of 0                         | Operation       |  |                |   |                 | ļ           |             |                     |                             |  |
| Morning                                     | Monday          |  | <u>Tuesday</u> | Wednesday                                       | Thursday        | <u>Fr</u>   | <u>iday</u> | Saturday            | <u>Sunday</u>               |  |
| Opening Times:                              | 07:00 AM        |  | 07:00 AM       | 07:00 AM  | 07:00 AM        | 07:0        | 00 AM       | Closed              | Closed                      |  |
| Closing Times:                              | 09:00 PM        |  | 09:00 PM       | 09:00 PM  | 09:00 PM        | 09:0        | 00 PM       |                     |                             |  |
| <u>Afternoon</u>                            | Monday          |  | Tuesday        | Wednesday                                       | Thursday        | <u>Fr</u>   | <u>iday</u> | Saturday            | <u>Sunday</u>               |  |
| Opening Times:                              | 03:10 PM        |  | 03:10 PM       | 03:10 PM  | 03:10 PM        | 03:         | I0 PM       |                     |                             |  |
| Closing Times:                              | 06:00 PM        |  | 06:00 PM       | 06:00 PM  | 06:00 PM        | 06:0        | 00 PM       |                     |                             |  |
| # of Classrooms: Purpose:                   |                 | se:  |                | Date:   |                 |             | Time:       |                     |                             |  |
| 1 Semi-A                                    |                 | Semi-Ann                                     | ni-Annual      |   | 01/30/2017      |             |             | 03:00 PM            |                             |  |
| Comments                                    |                 |  |                |   |                 |             |             |                     |                             |  |
| A SUR\                                      | /EY OF YOUR FAC | LITY HAS                                     | BEEN MADE AND  | YOU ARE NOTIFI                                  | ED OF NON-COMPL | IANCE OF TH | E REGULATIO | NS AS NOTED E       | BELOW:                      |  |
|   |                 |  |                | Lice  | nsure           |             |             |                     |                             |  |
| 8.16.2.40 A LICENSING REQUIREMENTS          |                 |  |                |   |                 |             |             |                     | Not Inspect                 |  |

| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW: |               |  |  |  |  |
|---|---------------|--|--|--|--|
| Licensure   |               |  |  |  |  |
| 8.16.2.40 A LICENSING REQUIREMENTS  | Not Inspected |  |  |  |  |
| 8.16.2.40 B CAPACITY OF A PROGRAM   | Compliance    |  |  |  |  |
| 8.16.2.40 C, D INCIDENT REPORTING REQUIREMENTS  | Not Inspected |  |  |  |  |
| Administrative Requirements   |               |  |  |  |  |
| 8.16.2.41 A ADMINISTRATION RECORDS  | Compliance    |  |  |  |  |
| 8.16.2.41 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT  | Not Inspected |  |  |  |  |
| 8.16.2.41 C PARENT HANDBOOK   | Not Inspected |  |  |  |  |
| 8.16.2.41 D, 8.16.2.42 D CHILDREN'S RECORDS   | Compliance    |  |  |  |  |
| 8.16.2.41 E PERSONNEL RECORDS   | Compliance    |  |  |  |  |
| 8.16.2.41 F PERSONNEL HANDBOOK  | Not Inspected |  |  |  |  |
| Personnel & Staffing  |               |  |  |  |  |
| 8.16.2.42 A PERSONNEL AND STAFFING REQUIREMENTS   | Compliance    |  |  |  |  |
| 8.16.2.42 B STAFF QUALIFICATIONS  | Not Inspected |  |  |  |  |
| 8.16.2.42 C TRAINING  | Not Inspected |  |  |  |  |
| Services & Care of Children   |               |  |  |  |  |
| 8.16.2.43 A GUIDANCE  | Compliance    |  |  |  |  |
| 8.16.2.43 B PHYSICAL ENVIRONMENT  | Compliance    |  |  |  |  |
|   |               |  |  |  |  |

Survey Report Form Page 1 of 2

| Center Name:  | License Number:                | Date:         |               |  |  |  |
|---|--------------------------------|---------------|---------------|--|--|--|
| Children's Choice at Bandelier                                  | 72674                          | 01/30/2017    |               |  |  |  |
| Services & Care   | e of Children                  |               |               |  |  |  |
| 8.16.2.43 C SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT             | Compliance                     |               |               |  |  |  |
| 8.16.2.43 D EQUIPMENT AND PROGRAM                               | Compliance                     |               |               |  |  |  |
| 8.16.2.43 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL N | Not Inspected                  |               |               |  |  |  |
| 8.16.2.43 G SWIMMING, WADING AND WATER                          |                                | Not Inspected |               |  |  |  |
| 8.16.2.43 H FIELD TRIPS   |                                | Not Inspected |               |  |  |  |
| 8.16.2.43 F OUTDOOR PLAY AREAS                                  | 8.16.2.43 F OUTDOOR PLAY AREAS |               |               |  |  |  |
| Food Se   | ervice                         | •             |               |  |  |  |
| 8.16.2.44 B MEALS AND SNACKS                                    |                                |               | Compliance    |  |  |  |
| 8.16.2.44 C KITCHENS  |                                |               | Compliance    |  |  |  |
| Health & Safety Requirements                                    |                                |               |               |  |  |  |
| 8.16.2.45 A HYGIENE   | Compliance                     |               |               |  |  |  |
| 8.16.2.45 B FIRST AID REQUIREMENTS                              | Not Inspected                  |               |               |  |  |  |
| 8.16.2.45 C MEDICATION  | Not Inspected                  |               |               |  |  |  |
| 8.16.2.45 D ILLNESSES   |                                |               | Not Inspected |  |  |  |
| 8.16.2.46 A-H TRANSPORTATION REQUIREMENTS                       | N/A                            |               |               |  |  |  |
| Buildings, Grou   | ınds & Safety                  | ,             |               |  |  |  |
| 8.16.2.47 A HOUSEKEEPING  |                                |               | Compliance    |  |  |  |
| 8.16.2.47 B PEST CONTROL  | Compliance                     |               |               |  |  |  |
| 8.16.2.47 C MECHANICAL SYSTEMS                                  | Compliance                     |               |               |  |  |  |
| 8.16.2.47 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL          | Compliance                     |               |               |  |  |  |
| 8.16.2.47 E EXITS AND WINDOWS                                   | Compliance                     |               |               |  |  |  |
| 8.16.2.47 F TOILET AND BATHING FACILITIES                       | Compliance                     |               |               |  |  |  |
| 8.16.2.47 G SAFETY COMPLIANCE                                   | Compliance                     |               |               |  |  |  |
| 8.16.2.47 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRI | Compliance                     |               |               |  |  |  |
| 8.16.2.47 G, I PETS   | Compliance                     |               |               |  |  |  |
|   |                                | <del>\</del>  |               |  |  |  |

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.

Surveyor:Patricia Williams

01/30/2017

Date

01/30/2017

Date

Facility Rep:Carrie Walker