

Center Name: Children's Choice at Double Eagle			Address: 8901 Lowell Dr. NE Albuquerque, NM 87122			Phone: (505)480-1298	
License Number:	Issue Date:	Expiration Date:	Type:		Status	:	
135439	10/5/2017	10/4/2018	5 Star FOC	US Child Care Center	License	ed	
Capacity Over Age 2: 112	Under Age 2:	0 Night Care:	0 PI	ayground: 112	Census Over 2:	55 Unde	er 2: 0
Days and Hours of	Operation				I		
Morning Opening Times Closing Times		Tuesday	Wednesday	Thursday	<u>Friday</u>	<u>Saturday</u> Closed	<u>Sunday</u> Closed
Afternoon Opening Times Closing Times		<u>Tuesday</u> 02:00 PM 06:00 PM	Wednesday 02:00 PM 06:00 PM	<u>Thursday</u> 02:00 PM 06:00 PM	<u>Friday</u> 02:00 PM 06:00 PM	<u>Saturday</u>	<u>Sunday</u>
# of Classrooms:		urpose: emi-Annual		Date: 10/12/2017		Time: 02:15 AM	
Comments							

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	Compliance					
8.16.2.42 C TRAINING	Compliance					
Services & Care of Children						
8.16.2.43 A GUIDANCE	Compliance					
8.16.2.43 B PHYSICAL ENVIRONMENT	Compliance					

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Center Name:	License Number:	Date:	
Children's Choice at Double Eagle	135439	10/12/2017	
	& Care 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 SPE	ECIAL NEEDS		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			Compliance
Fo	ood Service		
8.16.2.44 B MEALS AND SNACKS			Compliance
8.16.2.44 C KITCHENS			Compliance
Health & S	afety 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			Not Inspected
Buildings,	Grounds & 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, ILLEG	STANCES	Compliance	
8.16.2.47 G, I PETS			Compliance

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.

10/12/2017

Date

10/12/2017

Survey Report Form

Surveyor:Patricia Williams

Facility Rep:Savana George

Date