

| 162825 09/1 Capacity Over Age 2: 105 Ur | ue Date: 1/2016 nder Age 2: | Expiration Date: 08/13/2017 | Type: 2 Star + Ch | ild Care Center | Status | | |
|--|------------------------------|-----------------------------|----------------------|-----------------|----------------------|-----------------|--------|
| Capacity Over Age 2: 105 Ur | | | 2 Star + Ch | ild Care Center | License | d | |
| | nder Age 2: 0 | | • | | Care Center Licensed | | |
| Over Age 2: 105 Ur Days and Hours of Opera | nder Age 2: 0 | | | | Census | | |
| Days and Hours of Opera | | Night Care: | 0 PI | ayground: 105 | Over 2: | 72 Under | r 2: 0 |
| - wyo w | ation | | | | | | |
| <u>Morning</u> | <u>Monday</u> | <u>Tuesday</u> | Wednesday | <u>Thursday</u> | <u>Friday</u> | Saturday | Sunday |
| Opening Times: | 07:00 AM | 07:00 AM | 07:00 AM | 07:00 AM | 07:00 AM | Closed | Closed |
| Closing Times: | 08:15 AM | 08:15 AM | 08:15 AM | 08:15 AM | 08:15 AM | | |
| <u>Afternoon</u> | <u>Monday</u> | <u>Tuesday</u> | Wednesday | <u>Thursday</u> | <u>Friday</u> | <u>Saturday</u> | Sunday |
| Opening Times: | 02:30 PM | 02:30 PM | 02:30 PM | 02:30 PM | 02:30 PM | | |
| Closing Times: | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | | |
| # of Classrooms: | Pur | pose: | | Date: | | Time: | |
| 1 | Annı | ıal | | 06/01/2017 | | 11:30 AM | |
| Comments | | | | | | | |

| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS N | OTED 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 | Compliance | | | | |
| 8.16.2.41 C PARENT HANDBOOK | Compliance | | | | |
| 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 | Compliance | | | | |
| 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 | | | | |
| | | | | | |

Survey Report Form Page 1 of 2

| Center Name: | License Number: | Date: | | | | | |
|---|--------------------------|------------|---------------|--|--|--|--|
| Children's Choice at Inez Elementary | 162825 | 06/01/2017 | | | | | |
| Services & 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 SPECIAL NEE | DS | | Compliance | | | | |
| 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 | | | | |
| Food Service | | | | | | | |
| 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 | | | Compliance | | | | |
| 8.16.2.45 C MEDICATION | | | Compliance | | | | |
| 8.16.2.45 D ILLNESSES | | | Compliance | | | | |
| 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, ILLEGAL DRUGS | S AND CONTROLLED SUBSTAN | CES | 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.

W

06/01/2017

Signature on file

06/01/2017

Date

Surveyor:Patricia Williams

Date

Facility Rep:Rachelle C. Ford