

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| | | | SURV | VEY REPOR | .Т | | | | |
|---|--|----------------------|------------|----------------------|-----------------------------|--------|--------------|-----------------|----------------|
| Center Name: Address: Phone 1133 Dakota St SE | | | | | | | | | |
| Happy Feet Child Care | | | | (505)50 | 8-5409 | | | | |
| License Number: | Issue Date: | Expiration [| Date: | Туре: | | | Status: | | |
| 162557 | 02/1/2017 | 07/7/2017 | | 3 Star FOC | US Child Care Center | | Licensed | | |
| Capacity | | | | | | Ce | nsus | | |
| Over Age 2: 56 | Under Age 2: | 12 Night | Care: | 0 PI | ayground: 68 | Ove | er 2: | 12 | Under 2: 6 |
| Days and Hours of | Operation | | | | | | | | |
| | <u>Monday</u> | <u>Tuesda</u> | | <u>/ednesday</u> | <u>Thursday</u> | | <u>day</u> | <u>Saturday</u> | <u>Sunday</u> |
| Opening Times Closing Times | | 06:30 AN 06:00 PN | | 06:30 AM 06:00 PM | 06:30 AM 06:00 PM | | 0 AM 0 PM | Closed | Closed |
| # of Classrooms: | | urpose: | | | Date: | | | Time: | |
| 4 | | nnual | | | 05/02/2017 | | | 08:55 AM | |
| Comments | | | | | | | | | |
| | | | | | | | | | |
| A SUR | VEY OF YOUR FACILI | TY HAS BEEN MA | DE AND YOU | J ARE NOTIFIE | D OF NON-COMPLIANCE | OF THE | E REGULATI | ONS AS NOTED | BELOW: |
| | | | | Licer | isure | | | | |
| 8.16.2.11 A TYPES | OF LICENSES | | | | | | | | Non-compliance |
| Deficiencies | | | | | | | | | |
| The child care facility failed to submit a new application to the licensing authority before | | | | | | | | | |
| | modifying information required to be stated on the license as follows: director. | | | | | | | | |
| Regulation: 8.16.2.11A(3) | | | | | | | | | |
| Corrective Action Plan A notarized renewal application will be completed and submitted with the required fee prior | | | | | | | | | |
| | to any changes being made to the current license. | | | | | | | | |
| Date to be Comp | oleted: 06/01/2017 | | | | | | | | |
| 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 LI | ICENSING ACTION | IS AND ADMINI | STRATIVE | APPEALS | | | | | Not Inspected |
| 8.16.2.17 E, F SUR | VEYS FOR CHILD | CARE FACILIT | IES | | | | | | Not Inspected |
| 8.16.2.18 D COMPLAINTS | | | | | Not Inspected | | | | |
| 8.16.2.21 A LICENS | | NTS | | | | | | | Not Inspected |
| 8.16.2.21 B CAPAC | ITY OF CENTERS | | | | | | | | Non-compliance |
| Deficiencies | | | | | | | | | |
| | - | - | | s and grou | p sizes in an area o | f the | | | |
| room that is easily visible to parents, staff and visitors. Regulation: 8.16.2.21B(3)(c) | | | | | | | | | |
| | | | | | | | | | |
| Corrective Action The center will r | | in an area of | the room | that is easil | v visible to parents | staff | | | |
| The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors. | | | | | | | | | |
| Date to be Comp | oleted: 06/01/2017 | | | | | | | | |
| 8.16.2.21 C INCIDE | NT REPORTING R | EQUIREMENTS | 5 | | | | | | Not Inspected |
| | | | | | | | | | |

| Center Name: Happy Feet Child Care | License Number: 162557 | Date: 05/02/2017 | |
|---|---|---------------------|----------------|
| | ninistrative Requirements | | |
| 8.16.2.22 A ADMINISTRATION RECORDS | | 1 | Compliance |
| 8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STA | TEMENT | | Compliance |
| 8.16.2.22 C POLICY AND PROCEDURES | | | Compliance |
| 8.16.2.22 D FAMILY HANDBOOK | | | Compliance |
| 8.16.2.22 E CHILDREN'S RECORDS | | | Compliance |
| 8.16.2.22 F PERSONNEL RECORDS | | | Non-compliance |
| Deficiencies From the review of staff records, it was determined that include documentation of current first-aid and cardioput Staff Records 8.16.2.22 form for staff without verification Regulation: 8.16.2.22F(1)(g) Corrective Action Plan The center will obtain documentation of first-aid and Clapate to be Completed: 06/01/2017 Deficiencies From the review of staff records, it was determined that include a dated weekly work schedule that includes the breaks and lunch. See Staff Records 8.16.2.22 form for schedule. Regulation: 8.16.2.22F(2) Corrective Action Plan The center will add the work schedule and maintain dat director, all staff, all care givers and volunteers. Date to be Completed: 06/01/2017 | Imonary resuscitation training. See on of training. PR training and retain on file. It 6 out of 6 staff records does/do not the time of arrival and departure and or staff who need to have a work | | |
| 8.16.2.22 G PERSONNEL HANDBOOK | | | Compliance |
| | Personnel & Staffing | | |
| 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS | | | Compliance |
| 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING | | Compliance | |
| 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES | | | Compliance |
| Se | rvices & 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 AN | D TODDLERS | | Compliance |
| 8.16.2.24 D DIAPERING AND TOILETING | | | Compliance |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN V | VITH SPECIAL NEEDS | | Compliance |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE | | | N// |
| 8.16.2.24 G PHYSICAL ENVIRONMENT | | | Compliance |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONME | NT | | Compliance |
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| | | | |

| Center Name: | | e Number: | Date: | |
|--|-----------------------------|-----------|------------|----------------|
| Happy Feet Child Care | 1625 | 557 | 05/02/2017 | |
| Ser | rvices & Care of Child | ren | | |
| 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 | | | | Not Inspected |
| | 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 |
| Heal | Ith & Safety Requirem | ents | | |
| 8.16.2.26 A HYGIENE | | | | Compliance |
| 8.16.2.26 B FIRST AID REQUIREMENTS | | | | Compliance |
| 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 REQUIREMENTS FOR CEN | TERS | | | Non-compliance |
| Deficiencies The vehicle used for transporting children does not hav Regulation: 8.16.2.28H Corrective Action Plan insurance coverage will be obtained. Date to be Completed: 06/01/2017 | e current registration. | | | |
| Bui | Idings, Grounds & Sat | ety | | |
| 8.16.2.29 A HOUSEKEEPING | • | | | Non-compliance |
| Deficiencies The premises in the two's classroom are not clean as e Regulation: 8.16.2.29A(1) Corrective Action Plan Cleaning will be completed and a schedule for routine of | | | | |
| Date to be Completed: 06/01/2017 | | - | | |
| Deficiencies The premises in the large playground are not clean as Regulation: 8.16.2.29A(1) | evidenced by unclean sw | ing seat. | | |
| Corrective Action Plan Cleaning will be completed and a schedule for routine of Date to be Completed: 06/01/2017 | cleaning will be establishe | d. | | |
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| Center Name: | L | icense Number: | Date: | |
|---|---------------------------------|----------------------|------------|---------------|
| Happy Feet Child Care | | 162557 | 05/02/2017 | |
| | Buildings, Grounds & | & Safety | | |
| Deficiencies The premises in the pre-school classro Regulation: 8.16.2.29A(1) Corrective Action Plan The safety violation will be corrected ar Date to be Completed: 06/01/2017 | | | | |
| 8.16.2.29 B PEST CONTROL | | | | Complianc |
| 8.16.2.29 C MECHANICAL SYSTEMS | | | | Compliand |
| 8.16.2.29 D WATER AND WASTE | | | | Compliand |
| 8.16.2.29 E LIGHTING, LIGHTING FIXTURES | | | | Compliand |
| 8.16.2.29 F EXITS AND WINDOWS | | | | Compliance |
| 8.16.2.29 G TOILET AND BATHING FACILITI | ES | | | Complianc |
| 8.16.2.29 H SAFETY COMPLIANCE Deficiencies The center failed to conduct an emerge quarter. Regulation: 8.16.2.29H(1) Corrective Action Plan A center will conduct emergency prepa January of each calendar year. Date to be Completed: 06/01/2017 | | | | Non-compliand |
| 8.16.2.29 I SMOKING, FIREARMS, ALCOHOI | LIC BEVERAGES, ILLEGAL DRUGS AN | D CONTROLLED SUBS | TANCES | Compliand |
| 8.16.2.29 J PETS | | | | Compliand |
| 3.16.2.29 J PETS | | | | Compliar |
| Please note: Per CYFD regulation NMA above, may result in further action take | n against the licensee. | corrective action pl | | |
| (W | | ynauwu o'r | fill | |
| | 05/02/2017 | | | 05/02/2017 |

05/02/2017

Date

Facility Rep:Rosa Mandujano

Surveyor:Patricia Williams

Date