

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Address:						Phone:	
Jennifer DeWig			6140 Red Rock Park Ave. NW Albuquerque, NM 87114				(505)5	(505)550-9115		
License Number:	Issue Date:	Expiration	Date:	Type: Status:			·			
128185	11/18/2016	11/17/2017		2 Star Grou	p Child Care Home		Licensed			
Capacity							nsus			
Over Age 2: 8	Under Age 2:	4 Nigh	t Care:	0 PI	ayground: 0	Ove	er 2:	0	Under 2: 0	
Days and Hours of	Operation									
Opening Times	Monday 6:	<u>Tuesda</u> 6:	ay <u>W</u>	ednesday 6:	<u>Thursday</u> 6:	<u>Fri</u>	<u>day</u>	<u>Saturda</u> Closed	<u>/</u> <u>Sunday</u> Closed	
Closing Times		6:		6:	6:			0.0000	0.0000	
# of Classrooms:		Purpose:			Date:			Time:		
1		Follow-up			06/07/2017			11:23 AM		
Comments Deficiencies cited or	Semi-Annual S	urvey have been	corrected.	No further ac	tion required.					
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:										
Licensure										
8.16.2.31 A LICENS	SING REQUIRE	MENTS								N/A
8.16.2.31 B CAPAC	ITY OF A HOME									N/A
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS							N/A			
			Admi	nistrative	Requirements					
8.16.2.32 A ADMINI	STRATIVE REC	ORDS							Not Insp	pected
8.16.2.32 B MISSIO	N, PHILOSOPH	Y AND CURRICU	LUM STATE	MENT					Not Insp	bected
8.16.2.32 C PAREN	T HANDBOOK								Not Insp	bected
8.16.2.32 D CHILDR	REN'S RECORD	S							Not Insp	pected
8.16.2.32 E PERSO	NNEL RECORD	s							Not Insp	pected
8.16.2.32 F PERSONNEL HANDBOOK						Not Insp	pected			
			P	ersonnel	& Staffing					
8.16.2.33 A PERSO	NNEL AND STA	FFING REQUIRE	MENTS						Not Insp	pected
8.16.2.33 B STAFF	QUALIFICATION	IS AND TRAININ	G						Not Insp	pected
			Serv	ices & Ca	re of Children					
8.16.2.34 A GUIDAN	ICE								Not Insp	pected
8.16.2.34 B NAPS C	OR REST PERIO	D							Not Insp	pected
8.16.2.34 C ADDITIO	ONAL REQUIRE	MENTS FOR INF	ANTS AND	TODDLERS					Not Insp	pected
8.16.2.34 D DIAPER		ETING							Not Insp	pected
8.16.2.34 E ADDITIO	ONAL REQUIRE	MENTS FOR CH	ILDREN WIT	'H SPECIAL	NEEDS				Not Insp	pected
8.16.2.34 F NIGHT (	CARE								Not Insp	pected
8.16.2.34 G PHYSIC	AL ENVIRONM	ENT							Not Insp	pected

Center Name:	License Number:	Date:					
Jennifer DeWig	128185	06/07/2017					
Services & Care	e of Children						
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT			Not Inspected				
8.16.2.34 I EQUIPMENT AND PROGRAM							
8.16.2.34 J OUTDOOR PLAY			Compliance				
8.16.2.34 K SWIMMING, WADING AND WATER							
8.16.2.34 L FIELD TRIPS							
Food Se	rvice	•					
8.16.2.35 B MEALS AND SNACKS			Not Inspected				
8.16.2.35 C MENUS			Not Inspected				
8.16.2.35 D KITCHENS			Not Inspecte				
8.16.2.35 E MEAL TIMES			Not Inspecte				
Health & Safety F	Requirements	•					
8.16.2.36 A HYGIENE			Not Inspecte				
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspecte				
8.16.2.36 C MEDICATION			Not Inspecte				
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Not Inspecte				
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES			Not Inspecte				
Buildings, Grou	nds & Safety	•					
8.16.2.38 A HOUSEKEEPING			Compliance				
8.16.2.38 B PEST CONTROL			Not Inspecte				
8.16.2.38 C MECHANICAL SYSTEMS			Not Inspecte				
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL							
8.16.2.38 E EXITS		Not Inspecte					
8.16.2.38 F TOILET AND BATHING FACILITIES			Not Inspecte				
8.16.2.38 G SAFETY COMPLIANCE			Not Inspecte				
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRU	STANCES	Not Inspecte					
8.16.2.38   PETS			Not Inspecte				

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.

ignature on file

06/07/2017

Surveyor:Helen Waldorf

06/07/2017

Date

Facility Rep:Jennifer DeWig

Date