

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Center Name: | | | Address: | | | | | Р | Phone: | | |
|---|--------------------|-------------------|---|------------------------------|-----------------------------|---------|--------------------|------------|----------------------|------------|-------------------------|
| Jennifer DeWig | | | 6140 Red Rock Park Ave. NW Albuquerque, NM 87114 | | | | | (5 | (505)550-9115 | | |
| License Number: | Issue Date: | Expiration I | Date: | Туре: | | | Status: | | | | |
| 128185 | 11/18/2017 | 11/17/2018 | | 2 Star Grou | p Child Care Home | | Licensed | | | | |
| Capacity | | | | | | Cei | nsus | | | | |
| Over Age 2: 8 | Under Age 2: | 4 Night | Care: | 0 Pla | ayground: 0 | Ove | er 2: | 9 | ι | Jnder 2: | 0 |
| Days and Hours of | Operation | | | | | | | | | | |
| Opening Times: | Monday 06:00 AM | | | <u>'ednesday</u> 06:00 AM | <u>Thursday</u> 06:00 AM | | <u>day</u> 0 AM | | <u>urday</u> osed | | <u>Sunday</u> Closed |
| Closing Times | | | | 06:30 PM | 06:30 PM | | 0 PM | ÖK | 0000 | | 010300 |
| # of Classrooms: | | Purpose: | | | Date: | | | Time: | | | |
| 1 | | Annual | | | 10/11/2017 | | | 09:30 A | ۹M | | |
| Comments This survey is a corr | ection to the ann | nual survey dated | 9/25/2017. | The actual | survey was completed | d on 9/ | 18/2017. | | | | |
| A SUR | /EY OF YOUR FAC | ILITY HAS BEEN MA | DE AND YOU | ARE NOTIFIEI | D OF NON-COMPLIANCE | OF THE | REGULATIO | ONS AS M | NOTED | BELOW: | |
| | | | | Licen | sure | | | | | | |
| 8.16.2.31 A LICENS | | IENTS | | | | | | | | | Not Inspected |
| 8.16.2.31 B CAPAC | ITY OF A HOME | | | | | | | | | | Compliance |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS | | | | | | | | | Not Inspected | | |
| Administrative Requirements | | | | | | | | | | | |
| | | | | | | | Compliance | | | | |
| 8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT | | | | | | | | | Compliance | | |
| 8.16.2.32 C PARENT HANDBOOK | | | | | | | | | Compliance | | |
| 8.16.2.32 D CHILDREN'S RECORDS | | | | | | | | | Compliance | | |
| 8.16.2.32 E PERSONNEL RECORDS | | | | | | | | | Compliance | | |
| 8.16.2.32 F PERSONNEL HANDBOOK | | | | | | | | | | Compliance | |
| Personnel & Staffing | | | | | | | | | | | |
| 8.16.2.33 A PERSO | NNEL AND STAF | FFING REQUIRE | MENTS | | | | | | | | Compliance |
| 8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING | | | | | | | | | Compliance | | |
| Services & Care of Children | | | | | | | | | | | |
| 8.16.2.34 A GUIDAN | ICE | | | | | | | | | | Compliance |
| 8.16.2.34 B NAPS OR REST PERIOD | | | | | | | | Compliance | | | |
| 8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS | | | | | | | | Compliance | | | |
| 8.16.2.34 D DIAPERING AND TOILETING | | | | | | | | | Compliance | | |
| 8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS | | | | | | | | | Compliance | | |
| 8.16.2.34 F NIGHT CARE | | | | | | | | | N/A | | |
| 8.16.2.34 G PHYSICAL ENVIRONMENT | | | | | | | | | Compliance | | |
| | | | | | | | | | | | |

| Center Name: | License Number: | Date: | | |
|---|------------------|------------|---------------|--|
| Jennifer DeWig | 128185 | 10/11/2017 | | |
| Services & | Care of Children | | | |
| 8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT | | | Compliance | |
| 8.16.2.34 I EQUIPMENT AND PROGRAM | | | Compliance | |
| 8.16.2.34 J OUTDOOR PLAY | | | Compliance | |
| 8.16.2.34 K SWIMMING, WADING AND WATER | | | Not Inspected | |
| 8.16.2.34 L FIELD TRIPS | | | | |
| Foo | d Service | + | | |
| 8.16.2.35 B MEALS AND SNACKS | | | Compliance | |
| 8.16.2.35 C MENUS | | | Compliance | |
| 8.16.2.35 D KITCHENS | | | | |
| 8.16.2.35 E MEAL TIMES | | | Compliance | |
| Health & Saf | ety Requirements | ł | | |
| 8.16.2.36 A HYGIENE | | | Compliance | |
| 8.16.2.36 B FIRST AID REQUIREMENTS | | | Compliance | |
| 8.16.2.36 C MEDICATION | | | Compliance | |
| 8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES | | | | |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES | | | | |
| Buildings, C | Grounds & Safety | • | | |
| 8.16.2.38 A HOUSEKEEPING | | | Compliance | |
| 8.16.2.38 B PEST CONTROL | | | Compliance | |
| 8.16.2.38 C MECHANICAL SYSTEMS | | | Compliance | |
| 8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL | | | Compliance | |
| 8.16.2.38 E EXITS | | | | |
| 8.16.2.38 F TOILET AND BATHING FACILITIES | | | Compliance | |
| 8.16.2.38 G SAFETY COMPLIANCE | | | Compliance | |
| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL | STANCES | Compliance | | |
| 8.16.2.38 PETS | | | Compliance | |

| Please note: Per CYFD regula above, may result in further ac | | • | ly with the corrective action plans as noted | |
|--|------|------------|--|-------------|
| PW | 9.30 | | Signature on file | |
| | | 10/11/2017 | 3 - | 10/11/2017 |
| Surveyor:Patricia Williams | | Date | Facility Rep:Jennifer DeWig | Date |
| Survey Report Form | | | | Page 2 of 1 |