

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

			SURVEI REFU	KI						
Center Name:			Address: 436 San Pablo SE			Phone:	Phone:			
Oleidys Medina Perez			Albuquerque, NM 87108			(505)268-1884				
License Number:	Issue Date:	Expiration [Date: Type:		Status:					
138733	12/26/2016	12/25/2017	3 Star Gro	oup Child Care Home	Licensed					
Capacity			_		Census	_				
Over Age 2: 8	Under Age 2:	4 Night	Care: 0 F	Playground: 0	Over 2:	7 L	Jnder 2: 3			
Days and Hours of	Operation				-					
Opening Times	<u>Monday</u> 12:00 AM			<u>Thursday</u> 12:00 AM	<u>Friday</u> 12:00 AM	<u>Saturday</u> Closed	<u>Sunday</u> Closed			
Opening Times Closing Times				12:00 AM	12:00 AM	Closed	Closed			
# of Classrooms:		Purpose:		Date:		Time:				
2		Other		08/29/2017		12:00 PM				
Comments	of One set in the									
This is a Conditions	-									
A SUR	A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:									
			Lice	nsure						
8.16.2.31 A LICEN	SING REQUIREN	IENTS					N/A			
8.16.2.31 B CAPACITY OF A HOME							Compliance			
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS							N/A			
Administrative Requirements										
8.16.2.32 A ADMINISTRATIVE RECORDS						Not Inspected				
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT						Not Inspected				
8.16.2.32 C PARENT HANDBOOK							Not Inspected			
8.16.2.32 D CHILDREN'S RECORDS							Not Inspected			
8.16.2.32 E PERSONNEL RECORDS							Not Inspected			
8.16.2.32 F PERSONNEL HANDBOOK						Not Inspected				
			Personne	I & Staffing						
8.16.2.33 A PERSO	NNEL AND STAR	FING REQUIREN	MENTS				Not Inspected			
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING						Not Inspected				
			Services & C	are of Children						
8.16.2.34 A GUIDA	NCE						Not Inspected			
8.16.2.34 B NAPS OR REST PERIOD							Not Inspected			
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS							Not Inspected			
8.16.2.34 D DIAPERING AND TOILETING							Not Inspected			
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS							Not Inspected			
8.16.2.34 F NIGHT CARE							Not Inspected			
8.16.2.34 G PHYSIC		ENT					Not Inspected			
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Center Name:	License Number:	Date:				
Oleidys Medina Perez	138733	08/29/2017				
Services	& Care 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						
8.16.2.34 K SWIMMING, WADING AND WATER						
8.16.2.34 L FIELD TRIPS						
Fo	od Service					
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 Inspected			
8.16.2.35 E MEAL TIMES			Not Inspected			
Health & Sa	afety Requirements					
8.16.2.36 A HYGIENE			Not Inspected			
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspected			
8.16.2.36 C MEDICATION			Not Inspected			
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES						
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES						
Buildings,	Grounds & Safety	+				
8.16.2.38 A HOUSEKEEPING			Not Inspected			
8.16.2.38 B PEST CONTROL			Not Inspected			
8.16.2.38 C MECHANICAL SYSTEMS						
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL						
8.16.2.38 E EXITS		Not Inspected				
8.16.2.38 F TOILET AND BATHING FACILITIES		Not Inspected				
8.16.2.38 G SAFETY COMPLIANCE		Not Inspected				
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEG	STANCES	Not Inspected				
8.16.2.38 PETS		Not Inspected				

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.

File

08/29/2017

Surveyor:Helen Waldorf

08/29/2017

Date

Facility Rep:Oleidys Medina Perez

Date