

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Address:					Phon	e:	
Sweetheart Daycare LLC			613 Amherst Dr NE Albuquerque, NM 87106				(505)2	(505)255-7340		
License Number:	Issue Date:	Expiration [· · · · ·	Гуре:			Status:			
167069	05/23/2017	05/22/2018	2	2 Star Child	Care Center		Licensed			
Capacity			_			Cei	nsus			
Over Age 2: 33	Under Age 2:	0 Night	Care: 0) Pla	ayground: 33	Ove	er 2:	19	Under 2:	0
Days and Hours of (Operation									
	Monday	<u>Tuesda</u>	-	nesday	Thursday		<u>day</u>	<u>Saturda</u>		Sunday
Opening Times:		06:30 AN 05:30 PN		30 AM 30 PM	06:30 AM 05:30 PM		0 AM 0 PM	Closed		Closed
Closing Times: # of Classrooms:	·	Purpose:			Date:	00.0	0 T M	Time:		
2		Semi-Annual			10/18/2017			09:30 AM		
Comments	•									
A SURV	EY OF YOUR FACI	LITY HAS BEEN MA	DE AND YOU AR		D OF NON-COMPLIAN	CE OF THE	REGULATIO	ONS AS NOTE	ED BELOW:	
				Licen	sure					
8.16.2.11 A TYPES	OF LICENSES									Not Inspected
8.16.2.11 B RENEW	AL OF LICENSE									Not Inspected
8.16.2.11 D NON-TR	ANSFERABLE	RESTRICTIONS	OF LICENSE							Not Inspected
8.16.2.12 A, K, M LI	CENSING ACTIC	ONS AND ADMINI	ISTRATIVE AP	PEALS						Not Inspected
8.16.2.17 E, F SURV	EYS FOR CHIL	D CARE FACILIT	IES							Not Inspected
8.16.2.18 D COMPL	AINTS									Not Inspected
8.16.2.21 A LICENS	ING REQUIREM	ENTS								Compliance
8.16.2.21 B CAPAC	TY OF CENTER	S								Compliance
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS							Not Inspected			
			Adminis	strative	Requirements					
8.16.2.22 A ADMINI	STRATION REC	ORDS								Compliance
8.16.2.22 B MISSIO	N, PHILOSOPHY	AND CURRICUL		ENT						Not Inspected
8.16.2.22 C POLICY AND PROCEDURES						Not Inspected				
8.16.2.22 D FAMILY	HANDBOOK									Not Inspected
8.16.2.22 E CHILDREN'S RECORDS						Compliance				
8.16.2.22 F PERSO	NNEL RECORDS	6							N	on-compliance

Center Name:	License Number:	Date:			
Sweetheart Daycare LLC	167069	10/18/2017			
Administrative R	equirements				
Deficiencies From the review of staff records, it was determined that 1 out of 2 staff include a professional development plan based on seven areas of com Records 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22F(1)(n)	f records does/do not				
Corrective Action Plan The center will have staff complete a professional development plan a plan will be maintained on file. Date to be Completed: 11/18/2017	nd sign the plan.The				
8.16.2.22 G PERSONNEL HANDBOOK		Not Inspected			
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			
Services & Care	of Children				
8.16.2.24 A GUIDANCE		Compliance			
8.16.2.24 B NAPS OR REST PERIOD		Not Inspected			
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS		N/A			
8.16.2.24 D DIAPERING AND TOILETING		Compliance			
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL N	EDS	Not Inspected			
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE		N/A			
8.16.2.24 G PHYSICAL ENVIRONMENT		Compliance			
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT		Compliance			
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		N/A			
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			
Health & Safety Requirements					
8.16.2.26 A HYGIENE		Compliance			
8.16.2.26 B FIRST AID REQUIREMENTS		Non-compliance			

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Center Name: Sweetheart Daycare LLC	License Number: 167069	Date: 10/18/2017	
		10/10/2011	
Health & Safety	/ Requirements		
Deficiencies The center does not have on duty all educators currently certified in cardiopulmonary resuscitation (CPR). Regulation: 8.16.2.26B(1)	first aid and		
Corrective Action Plan All educators must be certified in first aid and cardiopulmonary resu Date to be Completed: 11/18/2017	scitation (CPR).		
8.16.2.26 C MEDICATION			Not Inspected
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS			Not Inspected
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS			Not Inspected
Buildings, Gro	ounds & Safety		
 8.16.2.29 A HOUSEKEEPING Deficiencies The premises in the playground are not safe in that a white bookshe tipping hazard. Regulation: 8.16.2.29A(1) Corrective Action Plan The safety violation will be corrected and a system for routine safety Date to be Completed: 11/18/2017 8.16.2.29 B PEST CONTROL 8.16.2.29 C MECHANICAL SYSTEMS 8.16.2.29 D WATER AND WASTE Deficiencies The center does not have hot and cold running water pressure at al broke, center has water just no hot water until gas service is restore Regulation: 8.16.2.29D 	y inspection developed.		Non-compliance Compliance Compliance Non-compliance
Corrective Action Plan Hot and cold running water will be provided. Date to be Completed: 11/18/2017			
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL			Compliance
8.16.2.29 F EXITS AND WINDOWS			Compliance
8.16.2.29 G TOILET AND BATHING FACILITIES			Compliance
8.16.2.29 H SAFETY COMPLIANCE			Non-compliance
Deficiencies The center failed to conduct an emergency preparedness practice of quarter. Drills were not logged Regulation: 8.16.2.29H(1)	Irills for at least once a		
Corrective Action Plan A center will conduct emergency preparedness practice drills at leas January of each calendar year. Date to be Completed: 11/18/2017	st quarterly beginning		
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Center Name:		License Number:	Date:				
Sweetheart Daycare LLC		167069	10/18/2017				
Buildings, Grounds & Safety							
8 16 2 29 I SMOKING FIREARMS ALCOHOLIC BEV			FS	Compliance			
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES							
8.16.2.29 J PETS				N/A			
Please note: Per CYFD regulation NMAC 8.16. above, may result in further action taken again		with the corrective action plans a	s noted				
above, may result in further action taken again	ist the incensee.						
		A					
A 1/2			Λ				
M 1150		NIA. IV/	1				
/////		IMJ.	\prec				
	10/18/2017			10/18/2017			
Survevor:Mark Prizzi		Facility Rep:Madonna Rodriguez		Date			

Survey Report Form