



Facility

Name: *FUMC Parents Morning Out* **License Number:** *127449*
Address: *1800 Red Rock Drive, Gallup, NM 87301*
Phone: *5055933887* **Fax:** **E-mail:** *ekleeberger@dungarvin.com*

License Information

Type: *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *02/22/2018* **Expiration Date:** *02/21/2019*

Capacity

Over Age 2: *12* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *12*
Square Footage: *0*

Census

Over 2: *7* **Under 2:** *0*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>9:00 AM - 12:00 PM</i>	Tuesday <i>9:00 AM - 12:00 PM</i>	Wednesday <i>9:00 AM - 12:00 PM</i>	Thursday <i>9:00 AM - 12:00 PM</i>	Friday <i>9:00 AM - 12:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *05/24/2018* **Time In:** *10:00 AM* **Time Out:** *12:15 PM* **Purpose:** *Semi-Annual*

Licensure

8.16.2.11 A Types of Licenses	N/A
8.16.2.11 B Renewal of License	N/A
8.16.2.11 D Non-transferable Restrictions of License	N/A
8.16.2.12 A, K, M Licensing Actions and Administrative Appeals	N/A
8.16.2.17 E, F Surveys for Child Care Facilities	Compliance
8.16.2.18 D Complaints	N/A
8.16.2.21 A Licensing Requirements	Compliance
8.16.2.21 B Capacity of Centers	Compliance
8.16.2.21 C Incident Reporting Requirements	N/A

Administrative Requirements

8.16.2.22 A Administrative Records	Compliance
8.16.2.22 B Mission, Philosophy and Curriculum Statement	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

From the review of staff records, it was determined that 3 out of 3 staff having direct contact with the children, does not have a complete file as required in 8.16.2.22F. See Staff Records 8.16.2.22 form for staff with an incomplete file.

Corrective Action Plan

The program will complete a file for each staff including substitutes and volunteers.

Regulation: 8.16.2.22.F.1.

Date to be Completed: 06/23/2018

From the review of staff records, it was determined that 1 out of 3 staff records do/does not include the staff's current and past duties and responsibilities. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will add staff's current and past duties and responsibilities to the record.

Regulation: 8.16.2.22.F.1.c.

Date to be Completed: 06/23/2018

8.16.2.22 F Personnel Records (continued)

Non-compliance

From the review of staff records, it was determined that 1 out of 3 staff records do not include employment history verification. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will complete employment history verification and retain on file.

Regulation: 8.16.2.22.F.1.e.

Date to be Completed: 06/23/2018

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include documentation of current first-aid and cardiopulmonary resuscitation training. See Staff Records 8.16.2.22 form for staff without verification of training.

Corrective Action Plan

The center will obtain documentation of first-aid and CPR training and retain on file.

Regulation: 8.16.2.22.F.1.g.

Date to be Completed: 06/23/2018

From the review of staff records, it was determined that 3 out of 3 staff records does not include documentation of training by date, time, hours and area of competency or a training certificate. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

The center will obtain verification of all training and retain on file.

Regulation: 8.16.2.22.F.1.h.

Date to be Completed: 06/23/2018

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include a signed universal precaution acknowledgement form. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

The center will have staff complete and sign the universal precaution acknowledgement form and will retain on file.

Regulation: 8.16.2.22.F.1.j.

Date to be Completed: 06/23/2018

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include a signed confidentiality form. See Staff Records 8.16.2.22 form for staff who need to complete a signed confidentiality form.

Corrective Action Plan

The center will have staff complete a signed confidentiality form and will retain on file.

(continued)

Regulation: 8.16.2.22.F.1.k.

Date to be Completed: 06/23/2018

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include signed acknowledgement that the personnel handbook had been read and understood. See Staff Records 8.16.2.22 form for staff who need to complete the acknowledgement.

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file.

Regulation: 8.16.2.22.F.1.o.

Date to be Completed: 06/23/2018

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include a professional development plan based on seven areas of competency. See Staff Records 8.16.2.22 form for staff who need a current plan.

Corrective Action Plan

The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file.

Regulation: 8.16.2.22.F.1.n.

Date to be Completed: 06/23/2018

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*****Non-compliance***

The center failed to keep a training log on file for 3 out of 3 staff. See Staff Records 8.16.2.22 form for staff who are missing a complete training log.

Corrective Action Plan

A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificate.

Regulation: 8.16.2.23.B.2.l.

Date to be Completed: 06/23/2018

Educators did not complete the following training within 3-months: Health & safety, Infant Toddler, CPR

Corrective Action Plan

All educators, regardless of the number of hours per week, will complete the above listed training. The following staff members need to complete the required training:

(continued)

Regulation: 8.16.2.23.B.2.b.

Date to be Completed: 06/23/2018

The director failed to develop and document an orientation and training plan for new staff members and volunteers.

Corrective Action Plan

An orientation and training plan for new staff and volunteers will be developed.

Regulation: 8.16.2.23.B.2.a.

Date to be Completed: 06/23/2018

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

N/A

8.16.2.24 C Additional Requirements for Infants and Toddlers

N/A

8.16.2.24 D Diapering and Toileting

Non-compliance

A staff member in the class room did not wash hands after changing a diaper and did not change gloves between children.

Corrective Action Plan

Diaper changing requirements will be reviewed with staff and monitored for compliance.

Regulation: 8.16.2.24.D.2.

Date to be Completed: 06/23/2018

8.16.2.24 E Additional Requirements for Children with Special Needs

N/A

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, Wadding and Water

N/A

8.16.2.24 L Field Trips

N/A

Food Service

8.16.2.25 B Meals and Snacks

Compliance

8.16.2.25 C Menus

Compliance

Food Service (continued)

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	Not Inspected
8.16.2.26 C Medication	N/A
8.16.2.27 A-D Illness Requirements for Centers	Compliance
8.16.2.28 A-H Transportation Requirements for Centers	N/A

Buildings, Grounds & Safety

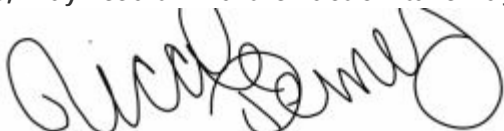
8.16.2.29 A Housekeeping	Compliance
8.16.2.29 B Pest Control	Not Inspected
8.16.2.29 C Mechanical Systems	Compliance
8.16.2.29 D Water and Waste	Compliance
8.16.2.29 E Lighting, Lighting Fixtures and Electrical	Compliance
8.16.2.29 F Exits and Windows	Compliance
8.16.2.29 G Toilet and Bathing Facilities	Compliance
8.16.2.29 H Safety Compliance	Compliance
8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	Compliance
8.16.2.29 J Pets	N/A

Additional Comments

None

Signatures

Please Note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans noted above, may result in further action taken against the licensee.



Surveyor: Nicole Denney



Facility Representative: Elizabeth Kleeberger