

			SURV	EY REPOR	T					
Center Name:	Address: 1400 S. Washington					Phone	Phone:			
Roswell ASP/Valley Vie					3-9438					
License Number:	Issue Date:	Expiration I	Date:	Type:			Status:	•		
53038	11/21/2016	11/20/2017		2 Star Child	Care Center		Licensed			
Capacity				-		Cei	nsus			
Over Age 2: 50	Under Age 2:	0 Night	Care:	0 Pl	ayground: 50	Ove	er 2:	35	Under 2: 0	
Days and Hours of	Operation					•				
<u>Morning</u>	<u>Monday</u>	Tuesda	<u>y</u> <u>W</u>	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	day	Saturday	Sunday	_
Opening Times								Closed	Closed	
Closing Times	:									
Afternoon	Monday 03:00 P	<u>Tuesda</u> 03:00 F		<u>/ednesday</u> 01:45 P	Thursday 03:00 P		<u>day</u> 00 P	<u>Saturday</u>	<u>Sunday</u>	L
Opening Times Closing Times	•	05:30 F		05:30 P	05:30 P		30 P			
	·				1		- I			
# of Classrooms:		urpose: nnual			Date: 10/11/2017			<b>Time:</b> 08:40 A		
Comments		inidai			10/11/2011			00.1071		
	Survey was made at center on 09/21/17 at 4:07 pm through 4:45 pm. Personel records were reviewed on 10/11/2017.									
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:										
				Licen	sure					
8.16.2.40 A LICENSING REQUIREMENTS							Comp	pliance		
8.16.2.40 B CAPACITY OF A PROGRAM							Comp	pliance		
8.16.2.40 C, D INCIDENT REPORTING REQUIREMENTS							Comp	pliance		
Administrative Requirements										
8.16.2.41 A ADMINISTRATION RECORDS						Non-comp	pliance			
<u>Deficiencies</u>										
The program failed to display in a prominent place the last inspection/survey.										

Regulation: 8.16.2.41A

Corrective Action Plan

The program will post the missing item(s).

8.16.2.41 D, 8.16.2.42 D CHILDREN'S RECORDS

8.16.2.41 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT

Date to be Completed: 11/11/2017

8.16.2.41 C PARENT HANDBOOK

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Compliance

Compliance

Non-compliance

 Center Name:
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 53038
 10/11/2017

# **Administrative Requirements**

#### **Deficiencies**

Of the 50 children's records reviewed, 1 is/are missing the name and telephone number of two people in the local area to contact in an emergency when a parent or guardian cannot be reached. See Children's Records 8.16.2.41form for the child(ren) with missing information.

Regulation: 8.16.2.41D(2)(a)

## **Corrective Action Plan**

Parents will be advised to review and add missing information. The program will review all children's records to ensure up-to-date emergency contact information is on file.

Date to be Completed: 10/13/2017

### **Deficiencies**

Of the 50 children's records reviewed, 1 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.41form for the child(ren) with missing information.

Regulation: 8.16.2.41D(2)(b)

## **Corrective Action Plan**

Parents will be advised to review and add missing information. The program will review all children's records to ensure contact information for a physician or medical center is on file.

Date to be Completed: 10/13/2017

#### **Deficiencies**

Of the 50 children's records reviewed, 1 is/are missing a document giving the program permission to transport the child in a medical emergency and authorization for medical treatment signed by a parent or guardian. See Children's Records 8.16.2.41form for the child(ren) with missing information.

Regulation: 8.16.2.41D(2)(c)

### **Corrective Action Plan**

Parents will be advised to review and add missing information. The program will review all children's records to ensure emergency medical transportation and treatment authorization is on file.

Date to be Completed: 10/13/2017

8.16.2.41 E PERSONNEL RECORDS	Non-compliance	
<u>Deficiencies</u>		
From the review of staff records, it was determined that 1 out of 22 staff records does/do not		
include a background check onsite. See Staff Records 8.16.2.41form for staff with this		
missing information.		
Regulation: 8.16.2.41E(1)(e)		
Corrective Action Plan		
The program will obtain documentation of a background check.		
Date to be Completed: 10/11/2017		
8.16.2.41 F PERSONNEL HANDBOOK	Compliance	
Personnel & Staffing	•	
8.16.2.42 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance	
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Personnel & Staffing							
8.16.2.42 B STAFF QUALIFICATIONS			Compliance				
8.16.2.42 C TRAINING	Compliance						
Services & Care of Children							
8.16.2.43 A GUIDANCE			Compliance				
8.16.2.43 B PHYSICAL ENVIRONMENT		Compliance					
8.16.2.43 C SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT		Compliance					
8.16.2.43 D EQUIPMENT AND PROGRAM		Compliance					
8.16.2.43 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEE	Compliance						
8.16.2.43 G SWIMMING, WADING AND WATER		Compliance					
8.16.2.43 H FIELD TRIPS		N/A					
8.16.2.43 F OUTDOOR PLAY AREAS	Compliance						
Food Service							
8.16.2.44 B MEALS AND SNACKS			Compliance				
8.16.2.44 C KITCHENS			Compliance				
Health & Safety Requirements							
8.16.2.45 A HYGIENE			Compliance				
8.16.2.45 B FIRST AID REQUIREMENTS	Compliance						
8.16.2.45 C MEDICATION	Compliance						
8.16.2.45 D ILLNESSES		Compliance					
8.16.2.46 A-H TRANSPORTATION REQUIREMENTS			N/A				
Buildings, Ground	s & Safety						
8.16.2.47 A HOUSEKEEPING			Compliance				
8.16.2.47 B PEST CONTROL		Compliance					
8.16.2.47 C MECHANICAL SYSTEMS	Compliance						
8.16.2.47 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL	Compliance						
8.16.2.47 E EXITS AND WINDOWS	Compliance						
8.16.2.47 F TOILET AND BATHING FACILITIES	Compliance						
8.16.2.47 G SAFETY COMPLIANCE	Compliance						
8.16.2.47 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	Compliance						
8.16.2.47 G, I PETS	N/A						

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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.

10/11/2017

Date

Surveyor: Nicholas Conde

10/11/2017

Date

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Facility Rep:Mary Dawe