



Facility

Name: *Springstone Grande* License Number: *97181*
 Address: *2441 Grande Blvd SE, Rio Rancho, NM 87124*
 Phone: *5059948111* Fax: E-mail: *grande@springstonekids.com*

License Information

Type: *5 Star FOCUS Child Care Center* Status: *Licensed* Issue Date: *03/22/2018* Expiration Date: *03/21/2019*

Capacity

Over Age 2: *148* Under Age 2: *28* Night Care: *0* Playground: *100*
 Square Footage: *0*

Census

Over 2: *124* Under 2: *16*

Classrooms

Number of Classrooms: *10*

Days and Hours of Operation

Monday <i>6:30 AM - 6:00 PM</i>	Tuesday <i>6:30 AM - 6:00 PM</i>	Wednesday <i>6:30 AM - 6:00 PM</i>	Thursday <i>6:30 AM - 6:00 PM</i>	Friday <i>6:30 AM - 6:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *07/25/2018* Time In: *10:30 AM* Time Out: *2:20 PM* Purpose: *Semi-Annual*

Licensure

8.16.2.11 A Types of Licenses	<i>Not Inspected</i>
8.16.2.11 B Renewal of License	<i>Not Inspected</i>
8.16.2.11 D Non-transferable Restrictions of License	<i>Not Inspected</i>
8.16.2.12 A, K, M Licensing Actions and Administrative Appeals	<i>Not Inspected</i>
8.16.2.17 E, F Surveys for Child Care Facilities	<i>Compliance</i>
8.16.2.18 D Complaints	<i>Not Inspected</i>
8.16.2.21 A Licensing Requirements	<i>Not Inspected</i>

Licensure (continued)**8.16.2.21 B Capacity of Centers****Non-compliance**

The center failed to post classroom capacities, and ratios and group sizes in an area of the room that is easily visible to parents, staff and visitors. Capacity was not posted in the Cedar room.

Corrective Action Plan

The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors.

Regulation: 8.16.2.21.B.3.c.

Date to be Completed: 08/24/2018

8.16.2.21 C Incident Reporting Requirements**Compliance****Administrative Requirements****8.16.2.22 A Administrative Records****Compliance****8.16.2.22 B Mission, Philosophy and Curriculum Statement****Not Inspected****8.16.2.22 C Policy and Procedures****Compliance****8.16.2.22 D Family Handbook****Not Inspected****8.16.2.22 E Children's Records****Non-compliance**

Of the 16 children's records reviewed, 1 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.22 form for the child(ren) with no immunization/exemption.

Corrective Action Plan

Parents will be advised to submit a complete and up-to-date immunization record or exemption. The center will review all children's records to ensure complete information is on file.

Regulation: 8.16.2.22.E.1.e.

Date to be Completed: 08/24/2018

Of the 16 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 8.16.2.22 form for the child(ren) with missing information.

Corrective Action Plan

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

Regulation: 8.16.2.22.E.2.b.

Date to be Completed: 08/24/2018

8.16.2.22 E Children's Records (continued)**Non-compliance**

Of the 16 children's records reviewed, 1 is/are missing information on allergies or medical conditions. See Children's Records 8.16.2.22 form for the child(ren) with missing information.

Corrective Action Plan

Parents will be advised to review and add missing information. The center will review all records to ensure information regarding allergies and medical conditions is on file.

Regulation: 8.16.2.22.E.2.a.

Date to be Completed: 08/24/2018

8.16.2.22 F Personnel Records**Non-compliance**

From the review of staff records, it was determined that 3 out of 18 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: 08/24/2018

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****Non-compliance**

From the review of staff records, it was determined that 1 out of 18 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

Orientation will be completed and documented for staff noted; in the future, orientation will be completed prior to time staff begin working with children.

Regulation: 8.16.2.23.B.2.a.

Date to be Completed: 08/24/2018

8.16.2.23 C Staff/Child Ratios and Group Sizes*Compliance*

Services & Care of Children

8.16.2.24 A Guidance

Non-compliance

Of the 16 children's records reviewed, 1 is/are missing a signed parent or guardian acknowledgement that the center's guidance policy had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Corrective Action Plan

The center will review all children's records to ensure a signed parent or guardian acknowledgement is on file.

Regulation: 8.16.2.24.A.1.

Date to be Completed: 08/24/2018

8.16.2.24 B Naps or Rest Period

Non-compliance

The required spacing of 30 inches is not provided between cots in the 3 yr. old, 4 yr. old, 18 mo. - 35 mo. [Oak, Elm and Maple rooms] room(s) to permit easy access to each child.

Corrective Action Plan

Staff will be instructed to space cribs, cots or mats at least 30 inches apart.

Regulation: 8.16.2.24.B.3.

Date to be Completed: 08/24/2018

8.16.2.24 C Additional Requirements for Infants and Toddlers

Compliance

8.16.2.24 D Diapering and Toileting

Compliance

8.16.2.24 E Additional Requirements for Children with Special Needs

Compliance

8.16.2.24 F Additional Requirements for Night Care

N/A

8.16.2.24 G Physical Environment

Not Inspected

8.16.2.24 H Social-Emotional Responsive Environment

Compliance

8.16.2.24 I Equipment and Program

Not Inspected

8.16.2.24 J Outdoor Play Areas

Compliance

8.16.2.24 K Swimming, Wadding and Water

Not Inspected

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

Health & Safety Requirements (*continued*)

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 Not Inspected

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 **Non-compliance**

The Equipment are not in good repair as evidenced by one paper towel dispenser was broken in the (Elm Room)

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Regulation: 8.16.2.29.A.1.

Date to be Completed: 08/24/2018

8.16.2.29 B Pest Control Compliance

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 **Non-compliance**

The toilet room for 2 yr. old [Cedar] room(s) is missing toilet paper.

Corrective Action Plan

The toilet room will be restocked and a routine established to monitor all toilet rooms for adequate supplies.

Regulation: 8.16.2.29.G.2.

Date to be Completed: 08/24/2018

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

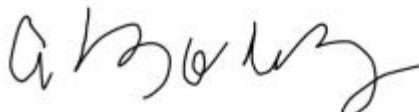
None

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: *Kia Kennedy*



Facility Representative: *Amber Brionez*