

Center Name: St. Francis School			Address: 215 W. Wilson Ave. Gallup, NM 87301					Phone: (505)863-3145		
License Number:	Issue Date:	Expiration	piration Date: Type: Status:							
144557	07/29/2016	07/28/2017	5 Star FOCUS Child Care Center Licensed							
Capacity				•		Cei	nsus			
Over Age 2: 50	Under Age 2:	0 Night	Care:	0 Playground: 60 Over 2: 21			21	Under 2: 0		
Days and Hours of Operation										
	<u>Monday</u>	<u>Tuesda</u>	ı <u>y</u> W	<u>/ednesday</u>	<u>Thursday</u>	<u>Friday</u>		<u>S</u>	Saturday	<u>Sunday</u>
Opening Times	: 07:00 AM	07:00 Al	M	07:00 AM	07:00 AM	07:00 AM			Closed	Closed
Closing Times	: 06:00 PM	06:00 PI	M (	06:00 PM	06:00 PM	06:00 PM				
# of Classrooms:	Р	urpose:			Date:			Tim	e:	
3	С	omplaint			07/10/2017			10:1	0 AM	
Comments  There was a third incident. Written documentation was given to the parents. A parent -teacher confernece will be held.										

## A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW: Licensure N/A 8.16.2.11 A TYPES OF LICENSES 8.16.2.11 B RENEWAL OF LICENSE N/A 8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE N/A N/A 8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS 8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES Compliance **8.16.2.18 D COMPLAINTS** Compliance **8.16.2.21 A LICENSING REQUIREMENTS** N/A 8.16.2.21 B CAPACITY OF CENTERS Compliance 8.16.2.21 C INCIDENT REPORTING REQUIREMENTS Non-compliance **Deficiencies** The center failed to notify parents or guardians in writing of an incident regarding biting. Note: There were two incidents, The parents are now being notified in writing. **Regulation:** 8.16.2.21C(2) **Corrective Action Plan** Parents or guardians will be notified in writing of an incident that threatened or could have threatened the health or safety of children in the center. Date to be Completed: 07/19/2017 **Administrative Requirements** 8.16.2.22 A ADMINISTRATION RECORDS Not Inspected 8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT 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 Not Inspected

Survey Report Form Page 1 of 3

Center Name:	License Number:	Date:	
St. Francis School	144557	07/10/2017	
Administrativ	e Requirements		
8.16.2.22 F PERSONNEL RECORDS			Not Inspected
8.16.2.22 G PERSONNEL HANDBOOK			Not Inspected
Personne	l & Staffing		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS			Compliance
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING			Not Inspected
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES		Compliance	
Services & C	are 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 TODDLER	 S		Not Inspected
8.16.2.24 D DIAPERING AND TOILETING			Not Inspected
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIA	L NEEDS		N/A
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			Not Inspected
8.16.2.24 I EQUIPMENT AND PROGRAM			Not Inspected
8.16.2.24 J OUTDOOR PLAY AREAS		Not Inspected	
8.16.2.24 K SWIMMING, WADING AND WATER			Not Inspected
8.16.2.24 L FIELD TRIPS			Not Inspected
Food	Service		
8.16.2.25 B MEALS AND SNACKS			Not Inspected
8.16.2.25 C MENUS			Not Inspected
8.16.2.25 D KITCHENS			Not Inspected
8.16.2.25 E MEAL TIMES			Not Inspected
Health & Safet	y Requirements		
8.16.2.26 A HYGIENE			Not Inspected
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			Not Inspected
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS			N/A
Buildings, Gr	ounds & Safety		
8.16.2.29 A HOUSEKEEPING			Not Inspected
8.16.2.29 B PEST CONTROL		Not Inspected	
8.16.2.29 C MECHANICAL SYSTEMS			Not Inspected

Survey Report Form Page 2 of 3

St. Francis School	144557	07/10/2017					
Buildings, Grounds & Safety							
8.16.2.29 D WATER AND WASTE			Not Inspected				
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL	Not Inspected						
8.16.2.29 F EXITS AND WINDOWS	Not Inspected						
8.16.2.29 G TOILET AND BATHING FACILITIES	Not Inspected						
8.16.2.29 H SAFETY COMPLIANCE	Not Inspected						
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	Not Inspected						
8.16.2.29 J PETS			Not Inspected				

License Number:

Date:

Center Name:

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.

07/10/2017

Date

07/10/2017

Date

Surveyor:Peggy Waconda Survey Report Form Page 3 of 3

Facility Rep:Jodi Thomas