

Center Name: First Christian Church CDC			Address: 1211 Hull Ruidoso, NM 88355				Phone: (575)258-1490		
License Number:	Issue Date:	Expiration D	ate:	Туре:			Status:	•	
73957	08/9/2016	08/8/2017		4 Star Chil	d Care Center		Licensed		
Capacity				_					
Over Age 2: 61	Under Age 2:	15 Night (Care:	0 P	layground: 86	Ove	er 2: 25	Unde	er 2: 12
Days and Hours of Operation									
	<u>Monday</u>	<u>Tuesday</u>	<u>/ We</u>	ednesday	<u>Thursday</u>	<u>Fri</u>	day	Saturday	<u>Sunday</u>
Opening Times:	07:30 AM	07:30 AM	1 0	7:30 AM	07:30 AM	07:3	0 AM	Closed	Closed
Closing Times:	05:30 PM	05:30 PM	1 0	5:30 PM	05:30 PM	05:3	0 PM		
# of Classrooms:	F	Purpose:			Date:		Tir	ne:	
5	A	Annual			06/12/2017		12:	30 PM	
Comments									

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:			
Licensure			
8.16.2.11 A TYPES OF LICENSES	Not Inspected		
8.16.2.11 B RENEWAL OF LICENSE	Not Inspected		
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspected		
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Compliance		
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Compliance		
8.16.2.18 D COMPLAINTS	Not Inspected		
8.16.2.21 A LICENSING REQUIREMENTS	Non-compliance		
Deficiencies The licensee did not obtain background checks on all staff members, educators, volunteers, and prospective staff as per the requirements outlined in the department's most current version of the Background Check and Employment History Verification provisions. Two staff members did not obtain background checks prior to working (supervised) in the facility. Regulation: 8.16.2.21A(2) Corrective Action Plan The licensee will obtain background checks on all staff members, volunteers, and prospective staff. A request for a background check must be submitted prior to a staff member's employment. A background check must be conducted in accordance with 8.8.3 NMAC at least once every five years on all required individuals. Date to be Completed: 06/16/2017			
8.16.2.21 B CAPACITY OF CENTERS	Compliance		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected		
Administrative Requirements			
8.16.2.22 A ADMINISTRATION RECORDS	Non-compliance		

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Administrative Requirements

Not Inspected

Deficiencies

The center failed to display in a prominent place that is readily visible to parents, staff and visitors the current child care regulations.

Regulation posted is dated 2012.

Regulation: 8.16.2.22A

Corrective Action Plan

The center will post the missing item.

Date to be Completed: 07/12/2017

8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT

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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	Not Inspected
8.16.2.22 F PERSONNEL RECORDS	Non-compliance
<u>Deficiencies</u>	
From the review of staff records, it was determined that 1 out of 11 staff records does/do not	
include a background check. See Staff Records 8.16.2.22 form for staff with this missing	
information.	
Regulation: 8.16.2.22F(1)(e)	
Corrective Action Plan	
The center will obtain documentation of a background check.	
Date to be Completed: 06/16/2017	
8.16.2.22 G PERSONNEL HANDBOOK	Not Inspected
Personnel & Staffing	
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	Non-compliance
<u>Deficiencies</u>	
In the absence of the director, the center does not have a notice posted naming the person	
designated to be in charge.	
Regulation: 8.16.2.23A(8)	
Corrective Action Plan	
In the director's absence, a person will be assigned to be in charge and a notice to that	
affect will be posted.	
Date to be Completed: 07/12/2017	
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	Compliance

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Center Name: First Christian Church CDC	License Number: 73957	Date: 06/12/2017	
Services & (Care of Children		
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLEF		I	Compliance
8.16.2.24 D DIAPERING AND TOILETING			Not Inspected
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIA	AL NEEDS		Compliance
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 Deficiencies The fall zone underneath the slide; climber is not adequate as evi material is not deep enough.	denced by the resilient		Non-compliance
Playground has weeds growing throughout the play area; through Regulation: 8.16.2.24J(3) Corrective Action Plan An approved resilient surface will be provided beneath the climbin slides. Date to be Completed: 07/12/2017	•		
8.16.2.24 K SWIMMING, WADING AND WATER			N/A
8.16.2.24 L FIELD TRIPS			N/A
Food	l Service		
8.16.2.25 B MEALS AND SNACKS			Not Inspected
8.16.2.25 C MENUS			N/A
8.16.2.25 D KITCHENS			Compliance
8.16.2.25 E MEAL TIMES			Not Inspected
Health & Safe	ety Requirements		
8.16.2.26 A HYGIENE			Compliance
8.16.2.26 B FIRST AID REQUIREMENTS			Compliance
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, G	rounds & Safety	,	
8.16.2.29 A HOUSEKEEPING			Compliance
8.16.2.29 B PEST CONTROL			Not Inspected
5.16.2.25 B 1 25.1 G 5.11.11.02			
8.16.2.29 C MECHANICAL SYSTEMS			Compliance
			Compliance Compliance

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Buildings, Grounds & Safety			
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
<u>Deficiencies</u>			
The center failed to conduct a fire drill for the month(s) of April; May.			
Regulation: 8.16.2.29H(2)			
Corrective Action Plan			
A monthly fire drill will be held and recorded.			
Date to be Completed: 06/30/2017			
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	AND CONTROLLED SUBSTANC	ES	Not Inspected
8.16.2.29 J PETS	·		N/A
		•	

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.

Date

Surveyor: Sandra Connolly

Belinda Janner

Facility Rep:Belinda Hanners

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06/12/2017

Date