

Center Name: Kiddie Kamp Pre- K		Address: 1304 Schofield Ln. Farmington, NM 87402			Phone: (505)326-7735		
License Number: 144599	Issue Date: 08/3/2016	Expiration Date: 08/2/2017	Type: 2 Star + Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	48	Under Age 2:	0	Night Care:	0	Playground:	63
		Over 2:	30	Under 2:	0		
Days and Hours of Operation							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:00 AM	07:00 AM	07:00 AM	07:00 AM	07:00 AM	Closed	Closed
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM		
# of Classrooms: 2	Purpose: Follow-up		Date: 01/26/2017		Time: 11:40 AM		
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	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	Not Inspected
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 ADMINISTRATION RECORDS <u>Deficiencies</u> The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent environmental health inspection report. Note: A letter was given that states food not prepared on site does not need EID. Explained that food brought in needs EID from location where food is prepared. Regulation: 8.16.2.22A <u>Corrective Action Plan</u> The center will post the missing item. Date to be Completed: 02/27/2017	Non-compliance
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected
8.16.2.22 C POLICY AND PROCEDURES	Non-compliance

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Administrative Requirements		
<p><u>Deficiencies</u> The center did not have available for review written policies and procedures covering expulsion of children. Regulation: 8.16.2.22C(1)-(8)</p> <p><u>Corrective Action Plan</u> The center will complete written policies and procedures for the missing area(s). Date to be Completed: 02/27/2017</p>		
8.16.2.22 D FAMILY HANDBOOK	Not Inspected	
<p>8.16.2.22 E CHILDREN'S RECORDS</p> <p><u>Deficiencies</u> Of the 3 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. Regulation: 8.16.2.22E(1)(e)</p> <p><u>Corrective Action Plan</u> 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. Date to be Completed: 02/27/2017</p> <p><u>Deficiencies</u> Of 3 children's records reviewed, 1 is/are missing complete information as follows: the name of the child, date of birth, sex, home address, mailing address and telephone number. See Children's Records 8.16.2.22 form for the child(ren) with missing information. Regulation: 8.16.2.22E(1)(a)</p> <p><u>Corrective Action Plan</u> Parents will be advised to review and add missing information. The center will review all children's records to ensure complete information is on file. Date to be Completed: 02/27/2017</p>	Non-compliance	
<p>8.16.2.22 F PERSONNEL RECORDS</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 7 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)</p> <p><u>Corrective Action Plan</u> The center will obtain documentation of a background check. Date to be Completed: 02/27/2017</p>	Non-compliance	

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Administrative Requirements		
<p><u>Deficiencies</u> From the review of staff records, it was determined that 2 out of 7 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.</p> <p>Regulation: 8.16.2.22F(1)(n)</p> <p><u>Corrective Action Plan</u> The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file.</p> <p>Date to be Completed: 02/27/2017</p>		
8.16.2.22 G PERSONNEL HANDBOOK	Not Inspected	
Personnel & Staffing		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	Not Inspected	
<p>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 7 staff does/do not have documentation of the 45-hour entry level course or an approved equivalent prior to or within six months of employment. Note: Documentation has been sent for a copy of training.</p> <p>Regulation: 8.16.2.23B(2)(c)</p> <p><u>Corrective Action Plan</u> Training will be completed for staff as required and documentation retained on file .</p> <p>Date to be Completed: 02/27/2017</p>	Non-compliance	
<p>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</p> <p><u>Deficiencies</u> The center failed to post the capacity for each activity/interest area. 2 out of 2 classrooms failed to post the capacity for each activity/interest area. Note Areas are labeled. Was told capacity were being done.</p> <p>Regulation: 8.16.2.23 C (2)(b)</p> <p><u>Corrective Action Plan</u> Each activity/interest area will have a posted capacity, which may vary according to the activity and size of the space, and will not exceed the group size requirement as specified in Paragraph (1) of Subsection C of 8.16.2.23 NMAC</p> <p>Date to be Completed: 02/27/2017</p>	Non-compliance	
Services & Care of Children		
8.16.2.24 A GUIDANCE	Not Inspected	
8.16.2.24 B NAPS OR REST PERIOD	Not Inspected	
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	N/A	
8.16.2.24 D DIAPERING AND TOILETING	Not Inspected	
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	Not Inspected	
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT	Not Inspected	

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Services & Care of Children		
8.16.2.24 I EQUIPMENT AND PROGRAM		Not Inspected
8.16.2.24 J OUTDOOR PLAY AREAS <u>Deficiencies</u> The fall zone underneath the climber is not adequate as evidenced by the absence of any protective material - the surface is bare soil. Regulation: 8.16.2.24J(3) <u>Corrective Action Plan</u> An approved resilient surface will be provided beneath the climbing structures, swings, and slides. Date to be Completed: 02/27/2017		Non-compliance
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 & Safety 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		Not Inspected
Buildings, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING <u>Deficiencies</u> The Toys are not in good repair as evidenced by worn books. Regulation: 8.16.2.29A(1) <u>Corrective Action Plan</u> Repairs will be completed and a system for routine inspection of the center and premises will be established. Date to be Completed: 02/27/2017		Non-compliance
8.16.2.29 B PEST CONTROL		Not Inspected
8.16.2.29 C MECHANICAL SYSTEMS		Not Inspected
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

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Buildings, Grounds & Safety		
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 AND CONTROLLED SUBSTANCES	Not Inspected	
8.16.2.29 J PETS	Not Inspected	

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.

	
01/26/2017	01/26/2017
Surveyor: Peggy Waconda	Facility Rep: Tracy Randall
Date	Date