

Center Name: Kiddie Kampus Korner Daykare Center			Address: 1121 San Francisco St. Las Vegas, NM 87701					Phone: (505)429-7986	
License Number:	Issue Date:	Expiration	Date:	Type:			Status:		
164402 12/1/2016 04/19/20		04/19/2017	2 Star + Child Care Center Licensed						
Capacity				•		Cer	nsus		
Over Age 2: 36	Under Age 2:	12 Night	Care:	0 Pla	ayground: 48	Ove	er 2:	18	Under 2: 11
Days and Hours of	Operation					-			
	<u>Monday</u>	Tuesda	<u>w</u>	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturda	<u>Sunday</u>
Opening Times	: 07:30 AM	07:30 Al	М (07:30 AM	07:30 AM	07:3	0 AM	Closed	d Closed
Closing Times	: 05:30 PM	05:30 PI	М (05:30 PM	05:30 PM	05:3	0 PM		
# of Classrooms:	P	urpose:			Date:			Time:	
3	А	nnual			02/01/2017			10:15 AM	
Comments									_
Talked to provider about updated Regs. Reminder Fire extinguisher exp.									

Tained to provider about updated reggs. Terminder Fire extinguisher exp.				
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	Compliance			
8.16.2.11 B RENEWAL OF LICENSE	Compliance			
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Compliance			
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	Compliance			
8.16.2.21 A LICENSING REQUIREMENTS	Compliance			
8.16.2.21 B CAPACITY OF CENTERS Deficiencies The center failed to post the maximum capacity of the playground on the doors to the playground. Regulation: 8.16.2.21B(3)(b) Corrective Action Plan The center will post the maximum capacity of the playground on the doors to the playground. Date to be Completed: 03/29/2017	Non-compliance			
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Compliance			
Administrative Requirements				
8.16.2.22 A ADMINISTRATION RECORDS	Non-compliance			

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Administrative Requirements

Deficiencies

The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent fire inspection report; current child care regulations; dated weekly menus for meals and snacks; guidance policy.

Regulation: 8.16.2.22A

Corrective Action Plan

The center will post the missing item.

Date to be Completed: 03/29/2017

8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance
8.16.2.22 C POLICY AND PROCEDURES	Compliance
8.16.2.22 D FAMILY HANDBOOK	Compliance

8.16.2.22 E CHILDREN'S RECORDS

Non-compliance

Deficiencies

Of the 6 children's records reviewed, 2 is/are missing a list of people authorized to pick up the child and an authorization form signed by the parent or guardian. See Children's Records 8.16.2.22 form for the child(ren) with missing information and/or authorization.

Regulation: 8.16.2.22E(1)(c)

Corrective Action Plan

Parents will be advised to review and add missing information. The center will review all children's records to ensure complete information and authorization is on file.

Date to be Completed: 03/29/2017

Deficiencies

Of the 6 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)

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.

Date to be Completed: 03/29/2017

Deficiencies

Of the 6 children's records reviewed, 2 is/are missing a document giving the center permission to transport the child in a medical emergency and authorization for medical treatment signed by a parent or guardian. See Children's Records 8.16.2.22 form for the child(ren) with missing information.

Regulation: 8.16.2.22E(2)(d)

Corrective Action Plan

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

Date to be Completed: 03/29/2017

8.16.2.22 F PERSONNEL RECORDS

Non-compliance

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Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 2 out of 6 staff records does/do not include the staff's position. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(b)

Corrective Action Plan

The center will add the position to the record.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 staff records do/does not include the staff's current and past duties and responsibilities. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(c)

Corrective Action Plan

The center will add staff's current and past duties and responsibilities to the record.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 staff records does/do not include dates of hire and termination. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(d)

Corrective Action Plan

The center will add dates of hire and termination to the record.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 2 out of 6 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: 03/01/2017

Deficiencies

The center failed to have 6 out of 6 person(s) providing care to sign an annual statement that they have, or have never had, an arrest or substantiated referral to a child protective services agency. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(f)

Corrective Action Plan

The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction.

Date to be Completed: 03/01/2017

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Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 1 out of 6 staff records does/do not include an emergency contact number. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(i)

Corrective Action Plan

The center will have staff complete required information.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 staff records does/do not include a signed universal precaution acknowledgement form. See Staff Records 8.16.2.22 form for staff with missing documentation.

Regulation: 8.16.2.22F(1)(j)

Corrective Action Plan

The center will have staff complete and sign the universal precaution acknowledgement form and will retain on file.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 staff records does/do not include a signed confidentiality form. See Staff Records 8.16.2.22 form for staff who need to complete a signed confidentiality form.

Regulation: 8.16.2.22F(1)(k)

Corrective Action Plan

The center will have staff complete a signed confidentiality form and will retain on file.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 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.

Regulation: 8.16.2.22F(1)(n)

Corrective Action Plan

The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 staff records does/do not include signed acknowledgement that the personnel handbook had been read and understood. See Staff Records 8.16.2.22 form for staff who need to complete the acknowledgement.

Regulation: 8.16.2.22F(1)(o)

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file.

Date to be Completed: 03/29/2017

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Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 6 out of 6 staff records does/do not include the required Form I-9. See Staff Records 8.16.2.22 form for staff missing the form.

Regulation: 8.16.2.22F(1)(q)

Corrective Action Plan

The center will obtain Form I-9s from all staff and maintain them in their personnel files.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 staff records does/do not include a dated weekly work schedule that includes the time of arrival and departure and breaks and lunch. See Staff Records 8.16.2.22 form for staff who need to have a work schedule.

Regulation: 8.16.2.22F(2)

Corrective Action Plan

The center will add the work schedule and maintain dated weekly work schedules for the director, all staff, all care givers and volunteers.

Date to be Completed: 03/01/2017

Deficiencies

From the review of staff records, it was determined that 2 out of 6 staff records does/do not include employment history verification. 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 complete employment history verification and retain on file.

Date to be Completed: 03/01/2017

8.16.2.22 G PERSONNEL HANDBOOK	Compliance		
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: 03/29/2017			

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Personnel & Staffing

Deficiencies

The child(ren) in theInfant - (6 wk. - 12 mo.); Toddler - (12 - 24 mo.) room(s) was/were left unattended when children use rest room.

Regulation: 8.16.2.23A(9)

Corrective Action Plan

Requirements for supervision of children whether inside or outside the facility will be reviewed with staff.

Date to be Completed: 03/29/2017

8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING

Non-compliance

Deficiencies

Educators did not complete the following training within 3-months: Health and Safety Training Regulation: 8.16.2.23B(2)(b)

Corrective Action Plan

All educators, regardless of the number of hours per week, will complete the above listed training.

The following staff members need to complete the required training:

Date to be Completed: 03/29/2017

Deficiencies

From the review of staff records, it was determined that 6 out of 6 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation.

Regulation: 8.16.2.23B(2)(a)

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.

Date to be Completed: 03/29/2017

Deficiencies

From the review of staff records, it was determined that 5 out of 6 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.

Regulation: 8.16.2.23B(2)(c)

Corrective Action Plan

Training will be completed for staff as required and documentation retained on file.

Date to be Completed: 03/29/2017

Deficiencies

The center failed to keep a training log on file with Date of training; Source of training; Training certificate for 6 out of 6 staff. See Staff Records 8.16.2.22 form for staff who are missing a complete training log.

Regulation: 8.16.2.23B(2)(I)

Corrective Action Plan

A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificate.

Date to be Completed: 03/29/2017

8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES

Compliance

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Center Name:	License Number:	Date:	
Kiddie Kampus Korner Daykare Center	164402	02/01/2017	
Services & Car	e of Children		
8.16.2.24 A GUIDANCE			Non-compliance
<u>Deficiencies</u>			
Of the 6 staff's records reviewed, 6 is/are missing a signed staff acknowledg	ement 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.			
Regulation: 8.16.2.24A(1)			
Corrective Action Plan			
The center will review all staff's records to ensure a signed staff acknowledg Date to be Completed: 03/29/2017	ement is on file.		
•			0
8.16.2.24 B NAPS OR REST PERIOD 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 N	NEEDS		Compliance
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE	TELDO		Compliance
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			Non-compliance
<u>Deficiencies</u>			
The weekly playground equipment inspections are not documented of	correctly.		
Regulation: 8.16.2.24J(4)			
Corrective Action Plan			
The facility will document their weekly playground inspections.			
Date to be Completed: 03/29/2017			
8.16.2.24 K SWIMMING, WADING AND WATER			Not Inspected
8.16.2.24 L FIELD TRIPS			Not Inspected
Food Se	ervice		
8.16.2.25 B MEALS AND SNACKS			Compliance
8.16.2.25 C MENUS			Compliance
8.16.2.25 D KITCHENS			Compliance
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			Non-compliance

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Health & Safety Requirements

Deficiencies

The center does not have on duty all educators currently certified in first aid and cardiopulmonary resuscitation (CPR).

Regulation: 8.16.2.26B(1)

Corrective Action Plan

All educators must be certified in first aid and cardiopulmonary resuscitation (CPR).

Date to be Completed: 03/01/2017

8.16.2.26 C MEDICATION	Compliance
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
<u>Deficiencies</u>	
The Ceiling tiles are not in good repair as evidenced by ceiling tiles coming apart.	
Regulation: 8.16.2.29A(1)	
Corrective Action Plan	
Repairs will be completed and a system for routine inspection of the center and premises	
will be established.	
Date to be Completed: 03/29/2017	
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	Compliance
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
	+

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.

02/01/2017

02/01/2017

Surveyor:Dion Ortega

Date

Facility Rep:Rosalie Martinez

Date
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