



### Facility

**Name:** KidsZone Program **License Number:** 153986  
**Address:** 4110 Sabana Grande Blvd., Rio Rancho, NM 87124  
**Phone:** 5058916196 **Fax:** **E-mail:** jharvey@rnm.gov

### License Information

**Type:** 2 Star Child Care Center **Status:** Licensed **Issue Date:** 02/07/2018 **Expiration Date:** 02/06/2019

### Capacity

**Over Age 2:** 27 **Under Age 2:** 0 **Night Care:** 0 **Playground:** 27  
**Square Footage:** 0

### Census

**Over 2:** 26 **Under 2:** 0

### Classrooms

**Number of Classrooms:** 2

### Days and Hours of Operation

<b>Monday</b> 8:30 AM - 3:30 PM	<b>Tuesday</b> 8:30 AM - 3:30 PM	<b>Wednesday</b> 8:30 AM - 3:30 PM	<b>Thursday</b> 8:30 AM - 3:30 PM	<b>Friday</b> 8:30 AM - 3:30 PM
<b>Saturday</b> Closed	<b>Sunday</b> Closed			

### Inspection

**Date:** 12/04/2018 **Time In:** 9:30 AM **Time Out:** 12:30 PM **Purpose:** Annual

### 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	Not Inspected
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	Compliance
8.16.2.21 B Capacity of Centers	Compliance

## Licensure (*continued*)

8.16.2.21 C Incident Reporting Requirements

*Not Inspected*

## 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 12 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: 01/03/2019

*Of the 12 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: 01/03/2019

*Of the 12 children's records reviewed, 1 is/are missing the date the child first attended the center. See Children's Records 8.16.2.22 form for the child(ren) with missing information and/or authorization. Corrected on site.*

*Corrective Action Plan*

*The first attendance date will be added and the center will review all children's records to ensure complete information is on file. Corrected on site.*

Regulation: 8.16.2.22.E.1.d.

Date to be Completed: 12/04/2018

## Administrative Requirements *(continued)*

### 8.16.2.22 F Personnel Records

**Non-compliance**

*From the review of staff records, it was determined that 3 out of 8 staff records does/do not include an emergency contact number. See Staff Records 8.16.2.22 form for staff with this missing information.*

*Corrective Action Plan*

*The center will have staff complete required information.*

Regulation: 8.16.2.22.F.1.i.

Date to be Completed: 01/03/2019

*From the review of staff records, it was determined that 1 out of 8 staff records does/do not include documentation of training by date, time, hours and area of competency or a training certificate. See Staff Records 8.16.2.22 form for staff with missing documentation. (Certificates missing)*

*Corrective Action Plan*

*The center will obtain verification of all training and retain on file.*

Regulation: 8.16.2.22.F.1.h.

Date to be Completed: 01/03/2019

*From the review of staff records, it was determined that 5 out of 8 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: 01/03/2019

*From the review of staff records, it was determined that 3 out of 8 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.*

*Corrective Action Plan*

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

Regulation: 8.16.2.22.F.1.o.

Date to be Completed: 01/03/2019

**8.16.2.22 F Personnel Records (continued)****Non-compliance**

*From the review of staff records, it was determined that 3 out of 8 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed.*

*Corrective Action Plan*

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

Regulation: 8.16.2.22.F.1.p.

Date to be Completed: 01/03/2019

**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 8 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.*

*Corrective Action Plan*

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

Regulation: 8.16.2.23.B.2.c.

Date to be Completed: 01/03/2019

*From the review of staff records, it was determined that 3 out of 8 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: 01/03/2019

*The center failed to keep a training log on file with Employee's name, Position, Clock hours, Competency area, Source of training for 4 out of 8 staff. See Staff Records 8.16.2.22 form for staff who are missing a complete training log.*

*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.*

Regulation: 8.16.2.23.B.2.l.

Date to be Completed: 01/03/2019

**Services & Care of Children (continued)**

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 8 staffs records reviewed, 3 is/are missing a signed staff acknowledgement that the center's guidance policy had been read and understood. See the Staff Records 8.16.2.22 G (14) form for the staff who have this missing.*

*Corrective Action Plan*

*The center will review all staffs records to ensure a signed staff acknowledgement is on file.*

Regulation: 8.16.2.24.A.1.

Date to be Completed: 01/03/2019

8.16.2.24 B Naps or Rest Period

Compliance

8.16.2.24 C Additional Requirements for Infants and Toddlers

N/A

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

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**

*The playground equipment isn't inspected weekly.*

*Corrective Action Plan*

*The facility will hold weekly inspections of their playground equipment.*

Regulation: 8.16.2.24.J.4.

Date to be Completed: 01/03/2019

*The weekly playground equipment inspections are not documented correctly.*

*Corrective Action Plan*

*The facility will document their weekly playground inspections.*

Regulation: 8.16.2.24.J.4.

Date to be Completed: 01/03/2019

8.16.2.24 K Swimming, Wading and Water

Not Inspected

## Services & Care of Children *(continued)*

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

**Non-compliance**

*The refrigerator in the kitchen does not have a working thermometer. The temperature reading was 42 degrees.*

*Corrective Action Plan*

*The center will obtain a working thermometer, have the refrigerator serviced.*

Regulation: 8.16.2.25.D.6.

Date to be Completed: 01/03/2019

*A food is not properly stored; the item is not sealed and dated. Goldfish and tortilla chips.*

*Corrective Action Plan*

*The person responsible for food service will be instructed in proper food storage.*

Regulation: 8.16.2.25.D.4.

Date to be Completed: 01/03/2019

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**

*The center's first aid kit does not contain soap.*

*Corrective Action Plan*

*Missing items will be added to the first-aid kit; staff will be reminded to replace any item used.*

Regulation: 8.16.2.26.B.2.

Date to be Completed: 01/03/2019

8.16.2.26 C Medication

N/A

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	Compliance
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 H3(f)(i)(k) Safety Compliance	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.

*Kia 11:30*

Surveyor: *Kia Kennedy*

*Signature on file*

Facility Representative: *Jennifer Harvey*