

Center Name: Leap International Montessori School LLC			Address: 1598 Sara Rd SE Rio Rancho, NM 87124			Phone: (505)994-9433			
License Number:	Issue Date:	Expiration [	Date:	Type:			Status:	•	
160651	08/1/2017	04/12/2018		5 Star FOC	US Child Care Center	Licensed			
Capacity			•			Cei	nsus		
Over Age 2: 39	Under Age 2:	8 Night	Care:	0 P	ayground: 47	Ove	er 2: 13	Unde	er 2: 1
Days and Hours of 0	Operation								
	<u>Monday</u>	<u>Tuesda</u>	<u>y</u> <u>W</u> e	ednesday	<u>Thursday</u>	<u>Fri</u>	day	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:00 AM	07:00 AM	Л 0	7:00 AM	07:00 AM	07:0	0 AM	Closed	Closed
Closing Times:	06:00 PM	06:00 PM	И О	6:00 PM	06:00 PM	06:0	0 PM		
# of Classrooms:	ı	Purpose:			Date:		Tir	ne:	
3	5	Semi-Annual			10/26/2017		10:	10 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	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	Not Inspected		
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		
<u>Deficiencies</u>			
The center failed to display in a prominent place that is readily visible to parents, staff and			
visitors the current child care regulations.			
Regulation: 8.16.2.22A			
Corrective Action Plan			
The center will post the missing item.			
Date to be Completed: 11/26/2017			
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		

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# **Administrative Requirements**

## **Deficiencies**

Of the 5 children's records reviewed, 1 is/are missing a signed parent or guardian acknowledgement that the parent handbook had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

**Regulation:** 8.16.2.22E(1)(I)

# **Corrective Action Plan**

Parents will be advised to complete the statement. The center will review all children's records to ensure a signed acknowledgement is on file.

Date to be Completed: 11/26/2017

#### **Deficiencies**

Of the 5 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.

**Regulation:** 8.16.2.22E(2)(b)

#### **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.

Date to be Completed: 11/26/2017

## **Deficiencies**

Of the 5 children's records reviewed, 1 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.22 form for the child(ren) with missing information.

**Regulation:** 8.16.2.22E(2)(c)

## **Corrective Action Plan**

Parents will be advised to review and add missing information. The center will review all children's records to ensure contact information for a physician or medical center is on file.

Date to be Completed: 11/26/2017

## **Deficiencies**

There was no record of each child's arrival and/or departure time and dates of attendance initialed by a parent, guardian, or person authorized to pick up the child. Of the 14 children present 2 were not signed in. See Children's Records 8.16.2.22 form for the child(ren) with missing information and/or authorization.

 $\textbf{Regulation:}\ 8.16.2.22E(1)(j)$ 

#### **Corrective Action Plan**

Parents will be advised to sign in and out each child daily and staff will monitor for completion.

Date to be Completed: 11/26/2017

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 1 out of 5 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed.

**Regulation:** 8.16.2.22F(1)(P)

## **Corrective Action Plan**

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

Date to be Completed: 11/26/2017

## **Deficiencies**

From the review of staff records, it was determined that 2 out of 5 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: 11/26/2017

#### **Deficiencies**

From the review of staff records, it was determined that 3 out of 5 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.

**Regulation:** 8.16.2.22F(1)(h)

#### **Corrective Action Plan**

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

Date to be Completed: 11/26/2017

## **Deficiencies**

From the review of staff records, it was determined that 1 out of 5 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: 11/26/2017

# **Deficiencies**

From the review of staff records, it was determined that 1 out of 5 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: 11/19/2017

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# **Administrative Requirements**

## **Deficiencies**

From the review of staff records, it was determined that 1 out of 5 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: 11/26/2017

# **Deficiencies**

From the review of staff records, it was determined that 1out of 5 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)(0)

## **Corrective Action Plan**

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

Date to be Completed: 11/19/2017

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			
<u>Deficiencies</u>				
From the review of staff records, it was determined that 1 out of 5 new staff does/do not have				
documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing				
documentation.				
<b>Regulation:</b> 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: 11/26/2017				
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			
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 NEEDS	Compliance			
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	Compliance			

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Center Name:  Leap International Montessori School LLC	License Number:	Date: 10/26/2017	
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Services & Ca 8.16.2.24   EQUIPMENT AND PROGRAM	re of Children		Not Inspected
8.16.2.24 J OUTDOOR PLAY AREAS			Compliance
8.16.2.24 K SWIMMING, WADING AND WATER			Not Inspected
8.16.2.24 L FIELD TRIPS			Not Inspected
			THO MOPEOLOG
Food S	Service		
8.16.2.25 B MEALS AND SNACKS			Compliance
8.16.2.25 C MENUS			N/A
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			Not Inspected
8.16.2.26 C MEDICATION			Not Inspected
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS			Compliance
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS			N/A
Buildings, Gro	ounds & Safety	·	
8.16.2.29 A HOUSEKEEPING			Non-compliance
<u>Deficiencies</u>			
The Fixtures are not in good repair as evidenced by one light out in	the toddler room.		
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.	oomor and promises		
Date to be Completed: 11/26/2017			
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			Non-compliance
<u>Deficiencies</u>			
The center failed to conduct a fire drill for the month(s) of July 2017.			
Regulation: 8.16.2.29H(2)			
Corrective Action Plan  A monthly fire drill will be held and recorded.			
Date to be Completed: 11/26/2017			

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Buildings, Grounds & Safety				
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	ES	Compliance		
8.16.2.29 J PETS			Compliance	

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.

10/26/2017

10/26/2017

Surveyor:Kia Kennedy

Date

Facility Rep:Sheila Griffin

Date