

<b>Center Name:</b> Little Saints Preschool		<b>Address:</b> 1000 E. 8th St. Alamogordo, NM 88310			<b>Phone:</b> (575)437-7821			
<b>License Number:</b> 63280	<b>Issue Date:</b> 10/12/2017	<b>Expiration Date:</b> 10/11/2018	<b>Type:</b> 2 Star Child Care Center		<b>Status:</b> Licensed			
<b>Capacity</b>					<b>Census</b>			
Over Age 2:	25	Under Age 2:	0	Night Care:	0	Playground:	25	
					Over 2:	16	Under 2:	0
<b>Days and Hours of Operation</b>								
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	
Opening Times:	08:00 AM	08:00 AM	08:00 AM	08:00 AM	08:00 AM	Closed	Closed	
Closing Times:	03:00 PM	03:00 PM	03:00 PM	03:00 PM	03:00 PM			
<b># of Classrooms:</b> 3	<b>Purpose:</b> Semi-Annual		<b>Date:</b> 02/23/2018		<b>Time:</b> 12:50 PM			
<b>Comments</b> Did not observe Meal/Snack Time at facility. Did observe Nap/Rest Time								

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

<p><b>8.16.2.22 A ADMINISTRATION RECORDS</b></p> <p><b><u>Deficiencies</u></b> The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent licensing survey.</p> <p>Survey posted is dated 2/23/2017 for semi annual. Annual survey is not posted which is the most recent.</p> <p><b>Regulation:</b> 8.16.2.22A</p> <p><b><u>Corrective Action Plan</u></b> The center will post the missing item.</p> <p><b>Date to be Completed:</b> 03/22/2018</p>	Non-compliance
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<b>Administrative Requirements</b>		
<b>8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT</b>		Not Inspected
<b>8.16.2.22 C POLICY AND PROCEDURES</b>		Not Inspected
<b>8.16.2.22 D FAMILY HANDBOOK</b>		Not Inspected
<b>8.16.2.22 E CHILDREN'S RECORDS</b>		Not Inspected
<b>8.16.2.22 F PERSONNEL RECORDS</b> <u><b>Deficiencies</b></u> From the review of staff records, it was determined that 1 out of 3 staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information.  <b>Regulation:</b> 8.16.2.22F(1)(e)  <u><b>Corrective Action Plan</b></u> The center will obtain documentation of a background check. <b>Date to be Completed:</b> 02/28/2018		Compliance
<b>8.16.2.22 G PERSONNEL HANDBOOK</b>		Not Inspected
<b>Personnel &amp; Staffing</b>		
<b>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</b> <u><b>Deficiencies</b></u> The center failed to ensure that required training for substitutes, volunteers, and care givers was completed.  No Health and Safety Training for caregiver/sub completed <b>Regulation:</b> 8.16.2.23A(6)  <u><b>Corrective Action Plan</b></u> Substitutes, volunteers, and care givers will complete training as required. <b>Date to be Completed:</b> 03/23/2018		Non-compliance
<b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b> <u><b>Deficiencies</b></u> The center failed to keep a training log on file with Employee's name; Date of hire; Position; Date of training; Clock hours; Competency area; Source of training; Training certificate for sub out of 3 staff. See Staff Records 8.16.2.22 form for staff who are missing a complete training log. <b>Regulation:</b> 8.16.2.23B(2)(l)  <u><b>Corrective Action Plan</b></u> 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. <b>Date to be Completed:</b> 03/23/2018		Non-compliance

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<b>Personnel &amp; Staffing</b>		
<b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>		Non-compliance
<p><b><u>Deficiencies</u></b> The center failed to post the capacity for each activity/interest area. 2 out of 3 classrooms failed to post the capacity for each activity/interest area. <b>Regulation:</b> 8.16.2.23 C (2)(b)</p> <p><b><u>Corrective Action Plan</u></b> 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 <b>Date to be Completed:</b> 03/23/2018</p>		
<b>Services &amp; Care of Children</b>		
<b>8.16.2.24 A GUIDANCE</b>		Compliance
<b>8.16.2.24 B NAPS OR REST PERIOD</b>		Compliance
<b>8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS</b>		N/A
<b>8.16.2.24 D DIAPERING AND TOILETING</b>		N/A
<b>8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS</b>		Compliance
<b>8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE</b>		N/A
<b>8.16.2.24 G PHYSICAL ENVIRONMENT</b>		Compliance
<b>8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>		Compliance
<b>8.16.2.24 I EQUIPMENT AND PROGRAM</b>		Non-compliance
<p><b><u>Deficiencies</u></b> The center did not post the daily activity schedule.No schedule posted in 2nd classroom.  <b>Regulation:</b> 8.16.2.24I(8)</p> <p><b><u>Corrective Action Plan</u></b> The center will begin posting their daily activities schedules and following them. <b>Date to be Completed:</b> 03/23/2018</p>		
<b>8.16.2.24 J OUTDOOR PLAY AREAS</b>		Non-compliance
<p><b><u>Deficiencies</u></b> The fall zone underneath the swings; slide is not adequate as evidenced by the resilient material is not deep enough. <b>Regulation:</b> 8.16.2.24J(3)</p> <p><b><u>Corrective Action Plan</u></b> An approved resilient surface will be provided beneath the climbing structures, swings, and slides. <b>Date to be Completed:</b> 03/23/2018</p>		
<b>8.16.2.24 K SWIMMING, WADING AND WATER</b>		N/A
<b>8.16.2.24 L FIELD TRIPS</b>		N/A
<b>Food Service</b>		

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<b>Food Service</b>		
8.16.2.25 B MEALS AND SNACKS		Not Inspected
8.16.2.25 C MENUS		Compliance
8.16.2.25 D KITCHENS <u>Deficiencies</u> The freezer in the kitchen does not have a working internal thermometer. <b>Regulation:</b> 8.16.2.25D(6) <u>Corrective Action Plan</u> The center will obtain and place a working thermometer in freezer. <b>Date to be Completed:</b> 03/23/2018		Non-compliance
8.16.2.25 E MEAL TIMES		Not Inspected
<b>Health &amp; Safety Requirements</b>		
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		Not Inspected
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS		N/A
<b>Buildings, Grounds &amp; Safety</b>		
8.16.2.29 A HOUSEKEEPING		Compliance
8.16.2.29 B PEST CONTROL		Not Inspected
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 <u>Deficiencies</u> The center failed to conduct a fire drill for the month(s) of January; November; December.  Last date posted for fire drill 10/26/2017 <b>Regulation:</b> 8.16.2.29H(2) <u>Corrective Action Plan</u> A monthly fire drill will be held and recorded. <b>Date to be Completed:</b> 02/28/2018		Non-compliance

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<b>Buildings, Grounds &amp; Safety</b>		
<p><b>Deficiencies</b> The center does not have verification of an annual fire inspection from the fire authority having jurisdiction.</p> <p>Date of Last Fire Inspection 8/12/2016 as seen on facility public board Regulation: 8.16.2.29H(3)(e)</p> <p><b>Corrective Action Plan</b> An annual fire inspection will be requested from the fire authority having jurisdiction over the center. Date to be Completed: 03/23/2018</p>		
<b>8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>		Not Inspected
<b>8.16.2.29 J PETS</b>		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.

	02/23/2018		02/23/2018
Surveyor: Sandra Connolly	Date	Facility Rep: Beatrice Mills	Date