

|  |                                  |  |  |                 |                                |                 |               |
|--|----------------------------------|--|--|-----------------|--------------------------------|-----------------|---------------|
| <b>Center Name:</b><br>Los Lunas GRADS CDC |                                  | <b>Address:</b><br>32 Sun Valley Rd<br>Los Lunas, NM 87031 |  |                 | <b>Phone:</b><br>(505)866-2453 |                 |               |
| <b>License Number:</b><br>64483            | <b>Issue Date:</b><br>01/16/2017 | <b>Expiration Date:</b><br>01/15/2018                      | <b>Type:</b><br>2 Star Child Care Center |                 | <b>Status:</b><br>Licensed     |                 |               |
| <b>Capacity</b>                            |                                  |  |  |                 | <b>Census</b>                  |                 |               |
| Over Age 2:                                | 15                               | Under Age 2:   | 25                                       | Night Care:     | 0                              | Playground:     | 15            |
|  |                                  | Over 2:  | 0  | Under 2:        | 2                              |                 |               |
| <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:                             | 07:15 AM                         | 07:15 AM   | 07:15 AM                                 | 07:15 AM        | 07:15 AM                       | Closed          | Closed        |
| Closing Times:                             | 02:45 PM                         | 02:45 PM   | 02:45 PM                                 | 02:45 PM        | 02:45 PM                       |                 |               |
| <b># of Classrooms:</b><br>2               | <b>Purpose:</b><br>Annual        |  | <b>Date:</b><br>11/14/2017               |                 | <b>Time:</b><br>09:00 AM       |                 |               |
| <b>Comments</b>                            |                                  |  |  |                 |                                |                 |               |

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               | Not Inspected  |
| 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     |
| 8.16.2.21 C INCIDENT REPORTING REQUIREMENTS                    | Not Inspected  |
| Administrative Requirements                                    |                |
| 8.16.2.22 A ADMINISTRATION RECORDS                             | Compliance     |
| 8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT       | Not Inspected  |
| 8.16.2.22 C POLICY AND PROCEDURES                              | Not Inspected  |
| 8.16.2.22 D FAMILY HANDBOOK                                    | Not Inspected  |
| 8.16.2.22 E CHILDREN'S RECORDS                                 | Non-compliance |

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| <b>Administrative Requirements</b>  |                                 |                            |
| <b>Deficiencies</b><br>Of the 2 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.<br><b>Regulation:</b> 8.16.2.22E(1)(l) |                                 |                            |
| <b>Corrective Action Plan</b><br>Parents will be advised to complete the statement. The center will review all children's records to ensure a signed acknowledgement is on file.<br><b>Date to be Completed:</b> 12/14/2017   |                                 |                            |
| <b>8.16.2.22 F PERSONNEL RECORDS</b>  |                                 | 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>  |                                 | Compliance                 |
| <b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b>  |                                 | Compliance                 |
| <b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>   |                                 | Compliance                 |
| <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>   |                                 | Compliance                 |
| <b>8.16.2.24 D DIAPERING AND TOILETING</b>  |                                 | Compliance                 |
| <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>  |                                 | Compliance                 |
| <b>8.16.2.24 J OUTDOOR PLAY AREAS</b>   |                                 | Compliance                 |
| <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>   |                                 |                            |
| <b>8.16.2.25 B MEALS AND SNACKS</b>   |                                 | Compliance                 |
| <b>8.16.2.25 C MENUS</b>  |                                 | Compliance                 |
| <b>8.16.2.25 D KITCHENS</b>   |                                 | Compliance                 |
| <b>8.16.2.25 E MEAL TIMES</b>   |                                 | Compliance                 |
| <b>Health &amp; Safety Requirements</b>   |                                 |                            |
| <b>8.16.2.26 A HYGIENE</b>  |                                 | Compliance                 |
| <b>8.16.2.26 B FIRST AID REQUIREMENTS</b>   |                                 | Compliance                 |

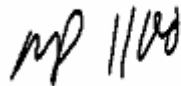
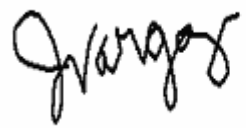
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| <b>Health &amp; Safety Requirements</b>  |                                 |                            |
| <b>8.16.2.26 C MEDICATION</b><br><u><b>Deficiencies</b></u><br>Medication was observed in the center that <b><u>does not have a label with the child's name</u></b> and the date the medication was brought to the center.<br><b>Regulation:</b> 8.16.2.26C(3)<br><u><b>Corrective Action Plan</b></u><br>Medication will be labeled and dated as required.<br><b>Date to be Completed:</b> 12/14/2017 | Non-compliance                  |                            |
| <b>8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS</b>  | Compliance                      |                            |
| <b>8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS</b>   | N/A                             |                            |
| <b>Buildings, Grounds &amp; Safety</b>   |                                 |                            |
| <b>8.16.2.29 A HOUSEKEEPING</b><br><u><b>Deficiencies</b></u><br>The premises in the fridge are not safe in that expired milk present.<br><b>Regulation:</b> 8.16.2.29A(1)<br><u><b>Corrective Action Plan</b></u><br>The safety violation will be corrected and a system for routine safety inspection developed.<br><b>Date to be Completed:</b> 12/14/2017  | Non-compliance                  |                            |
| <b>8.16.2.29 B PEST CONTROL</b>  | Compliance                      |                            |
| <b>8.16.2.29 C MECHANICAL SYSTEMS</b>  | Compliance                      |                            |
| <b>8.16.2.29 D WATER AND WASTE</b>   | Compliance                      |                            |
| <b>8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL</b>  | Compliance                      |                            |
| <b>8.16.2.29 F EXITS AND WINDOWS</b>   | Compliance                      |                            |
| <b>8.16.2.29 G TOILET AND BATHING FACILITIES</b>   | Compliance                      |                            |
| <b>8.16.2.29 H SAFETY COMPLIANCE</b><br><u><b>Deficiencies</b></u><br>The center's fire suppression system is not inspected yearly.<br><b>Regulation:</b> 8.16.2.29H(3)(k)<br><u><b>Corrective Action Plan</b></u><br>Equipment will be maintained and inspected yearly.<br><b>Date to be Completed:</b> 12/14/2017  | Non-compliance                  |                            |
| <b>8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>   | Compliance                      |                            |
| <b>8.16.2.29 J PETS</b>  | N/A                             |                            |

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| <p><b>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.</b></p> |      |  |      |
|    |      |  |      |
| 11/14/2017  |      | 11/14/2017   |      |
| Surveyor: Mark Prizzi   | Date | Facility Rep: Julie Dutchover  | Date |