

Center Name: Memorable Moments			Address: 4848 Huron Dr. NE Rio Rancho, NM 87144			Phone: (505)891-1	Phone: (505)891-1456		
License Number:	Issue Date:	Expiration	Date:	Type:			Status:	•	
100407	11/21/2016	11/20/2017		4 Star Chi	d Care Center		Licensed		
Capacity				•		C	ensus		
Over Age 2: 68	Under Age 2:	18 Night	Care:	0 F	Playground:	25 Ov	er 2: 3	0 Und	der 2: 13
Days and Hours of	Operation					-			
	<u>Monday</u>	Tuesda	ı <u>y</u> W	<u>/ednesday</u>	Thursday	<u>F</u>	<u>riday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times	06:00 AM	06:00 A	M (06:00 AM	06:00 AM			Closed	Closed
Closing Times	: 06:30 PM	06:30 P	M (06:30 PM	06:30 PM				
# of Classrooms:		Purpose:			Date:		1	Time:	
6		Semi-Annual			04/10/2017		1	0:05 AM	
Comments Provider has current	t state regulations	s and backgroun	d check reg	ulations.					

Tronder has surrent state regulations and basing suring shock regulations.	
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 Inspecte
8.16.2.11 B RENEWAL OF LICENSE	Not Inspecte
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspecte
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspecte
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Complianc
8.16.2.18 D COMPLAINTS	Not Inspecte
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspecte
8.16.2.21 B CAPACITY OF CENTERS	Non-compliand
Deficiencies The center failed to post classroom capacities, and ratios an <u>d group sizes</u> in an area of the room that is easily visible to parents, staff and visitors. Regulation: 8.16.2.21B(3)(c) Corrective Action Plan The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors. Date to be Completed: 05/10/2017	
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspecte
Administrative Requirements	
8.16.2.22 A ADMINISTRATION RECORDS	Compliand
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspecte
8.16.2.22 C POLICY AND PROCEDURES	Non-compliand

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Center Name:License Number:Date:Memorable Moments10040704/10/2017

Administrative Requirements

Deficiencies

The program does not have an up to date emergency evacuation and disaster preparedness plan approved by the department. Program will add continuity of operations, accommodations for children with chronic medical conditions, accommodations for infants and toddlers, lockdown procedures and shelter in place.

Regulation: 8.16.2.22C(8)

Corrective Action Plan

An emergency evacuation and disaster preparedness plan will be developed.

Date to be Completed: 05/10/2017

16.2.22 D FAMILY HANDBOOK	Not Inspect
16.2.22 E CHILDREN'S RECORDS	Non-complian
<u>Deficiencies</u>	
Of the 11 children's records reviewed, 2 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: 05/10/2017	
<u>Deficiencies</u>	
Of the 11 children's records reviewed, 1 is/are missing an enrollment agreement form signed	
by the parent or guardian with an outline of services and costs. See the Children's Records	
8.16.2.22 form for the child(ren) with missing information.	
Regulation: 8.16.2.22E(1)(k)	
Corrective Action Plan	
Parents will be advised to sign the enrollment agreement. The center will review all children's	
records to ensure an enrollment agreement form is on file.	
Date to be Completed: 05/10/2017	
·	Non complia
16.2.22 F PERSONNEL RECORDS	Non-complia
<u>Deficiencies</u> From the review of staff records, it was determined that 2 out of 16 staff records does/do not	
nclude 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: 05/10/2017	

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 Center Name:
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Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 1 out of 16 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: 05/10/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 16 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: 05/10/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 16 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. One educator clearance has exceeded 5 years.

Date to be Completed: 05/10/2017

Deficiencies

From the review of staff records, it was determined that 3 out of 16 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: 05/03/2017

Deficiencies

From the review of staff records, it was determined that 4 out of 16 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: 05/03/2017

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Center Name:License Number:Date:Memorable Moments10040704/10/2017

Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 2out of 16 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: 05/10/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 16 staff records does/do not include the required Form I-9. See Staff Records 8.16.2.22 form for staff missing the form. Corrected on site.

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.

Corrected on site.

Date to be Completed: 05/10/2017

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		
Deficiencies It was observed that 1 out of 4 infant and toddler care givers failed to complete at least four hours of training in infant and toddler care annually or within six months of starting work. Regulation: 8.16.2.23B(2)(k)			
Corrective Action Plan Training in infant and toddler care will be obtained for care givers as required; training will be documented and retained on file. Date to be Completed: 05/10/2017			
<u>Deficiencies</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 2 out of 16 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: 05/10/2017			

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Center Name:	License Number:	Date:
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Personnel & Staffing

Deficiencies

From the review of staff records, it was determined that 2 out of 16 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: 05/10/2017

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: Five (5) educators will complete the health and safeity training.

Date to be Completed: 05/03/2017

8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES

Non-compliance

Deficiencies

The center failed to post the capacity for each activity/interest area. 4 out of 5 classrooms failed to post the capacity for each activity/interest area.

Regulation: 8.16.2.23 C (2)(b)

Corrective Action Plan

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

Date to be Completed: 05/10/2017

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	Not Inspected		
8.16.2.24 I EQUIPMENT AND PROGRAM	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		

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Memorable Moments	License Number: 100407	Date: 04/10/2017	
	Food Service		
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
He	ealth & 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 CE	ENTERS		Not Inspected
В	uildings, Grounds & Safety		
Deficiencies The Fixtures are not in good repair as evidenced by li Regulation: 8.16.2.29A(1) Corrective Action Plan Repairs will be completed and a system for routine in: will be established. Date to be Completed: 05/10/2017 Deficiencies	spection of the center and premises		Non-compliance
The Fixtures are not in good repair as evidenced by o room. Regulation: 8.16.2.29A(1) Corrective Action Plan Repairs will be completed and a system for routine inswill be established. Date to be Completed: 05/10/2017 Deficiencies The Premises are not in good repair as evidenced by			
	diaper changing mat in the infant room		

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Buildings, Grounds & Safety

Deficiencies

The premises in the monkey rom are not safe in that the air conditioning cord is accessible.

Regulation: 8.16.2.29A(1)

Corrective Action Plan

The safety violation will be corrected and a system for routine safety inspection developed.

Date to be Completed: 05/03/2017

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	Non-compliance
<u>Deficiencies</u> The toilet room for 2 yr. old; 3 yr. old does not have disposable towels at a height accessible to children. corrected on site. Regulation: 8.16.2.29G(2)	
Corrective Action Plan Supplies/dispensers will be relocated so they are accessible to children. Corrected on site. Date to be Completed: 04/10/2017	
8.16.2.29 H SAFETY COMPLIANCE	Non-compliance
<u>Deficiencies</u> The center failed to conduct an emergency preparedness practice drills for at least once a quarter. Regulation: 8.16.2.29H(1)	
Corrective Action Plan A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year. Date to be Completed: 05/10/2017	
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.

04/10/2017

04/10/2017

Surveyor:Kia Kennedy Date Facility Rep:Sierra Garner Date

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