

Center Name: Midwest NMCAP Gil Sa	Address: 376 Jarales Rd. Jarales, NM 87023						Phone: (505)864-2201				
License Number: Issue Date: Expiration			Date: Type: Status:								
94701	1 09/16/2016 09/15/2017 2 Star Child Care Center Licensed										
Capacity											
Over Age 2: 20	Under Age 2:	0 Night	Care:	0	Playground:	20	Ove	er 2:	13	Under 2:	0
Days and Hours of Operation											
	<u>Monday</u>	Tuesda	<u>y</u> <u>W</u>	ednesday	Thurso	day	Fri	day	Saturday	<u>′</u>	Sunday
Opening Times:	08:53 AM	08:53 Al	И	08:53 AM	08:53	08:53 AM		3 AM	Closed		Closed
Closing Times: 04:00 PM		04:00 PI	04:00 PM		04:00	04:00 PM		0 PM			
# of Classrooms:	P	urpose:			Date:			-	Time:		
1 Semi-Annual		04/11/2017					02:00 PM				
Comments	•				•						

Licensure				
8.16.2.11 A TYPES OF LICENSES	Not Inspect			
8.16.2.11 B RENEWAL OF LICENSE	Not Inspect			
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspect			
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspect			
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Not Inspect			
8.16.2.18 D COMPLAINTS	Not Inspect			
8.16.2.21 A LICENSING REQUIREMENTS	Non-complian			
Deficiencies  The licensee did not obtain background checks on all staff members, educators, volunteers, and prospective staff as per the requirements outlined in the department's most current version of the Background Check and Employment History Verification provisions . 2 of 2 staff were not background checked every 5 years  Regulation: 8.16.2.21A(2)  Corrective Action Plan  The licensee will obtain background checks on all staff members, volunteers, and prospective staff. A request for a background check must be submitted prior to a staff member's employment. A background check must be conducted in accordance with 8.8.3 NMAC at least once every five years on all required individuals.  Date to be Completed: 05/11/2017				
8.16.2.21 B CAPACITY OF CENTERS	Complian			
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspect			
Administrative Requirements				
8.16.2.22 A ADMINISTRATION RECORDS	Complian			
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliar			

Survey Report Form Page 1 of 3

Center Na	me: IMCAP Gil Sanchez Head Sta	License Number:	Date: 04/11/2017			
Midwest N			04/11/2017			
	Administra	ative Requirements	_			
	C POLICY AND PROCEDURES .			Non-compliance		
Deficie (1)	The program does not have an up to date emergence preparedness plan approved by the department white evacuation, relocation, sheltier in place lock-down, compression with parentisindividual plans flor children and children with chronic medical conditions and continuous	ch shall include stieps fior munication, witih special needs				
	ation: 8.16.2.22C(8)					
An eme	tive Action Plan ergency evacuation and disaster preparedness plan will to be Completed: 05/11/2017	be developed.				
8.16.2.22	D FAMILY HANDBOOK			Compliance		
8.16.2.22	E CHILDREN'S RECORDS			Compliance		
8.16.2.22	F PERSONNEL RECORDS			Compliance		
8.16.2.22	G PERSONNEL HANDBOOK			Compliance		
	Perso	nnel & Staffing				
8.16.2.23	A PERSONNEL AND STAFFING REQUIREMENTS			Compliance		
8.16.2.23	B STAFF QUALIFICATIONS AND TRAINING			Compliance		
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			Not Inspected		
8.16.2.24	C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODD	LERS		N/A		
8.16.2.24	D DIAPERING AND TOILETING			Compliance		
8.16.2.24	E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPE	ECIAL 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	EQUIPMENT AND PROGRAM			Compliance		
8.16.2.24	J OUTDOOR PLAY AREAS			Compliance		
8.16.2.24	K SWIMMING, WADING AND WATER			N/A		
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			Compliance		
8.16.2.25	E MEAL TIMES			Compliance		

Survey Report Form Page 2 of 3

Center Name: Midwest NMCAP Gil Sanchez Head Sta	License Number: 94701	<b>Date:</b> 04/11/2017					
Health & Safety Requirements							
8.16.2.26 A HYGIENE			Compliance				
8.16.2.26 B FIRST AID REQUIREMENTS			Compliance				
8.16.2.26 C MEDICATION			Compliance				
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			Non-compliance				
<u>Deficiencies</u> The center failed to conduct an emergency preparedness practice quarter.  Regulation: 8.16.2.29H(1)	drills for at least once a						
Corrective Action Plan A center will conduct emergency preparedness practice drills at le January of each calendar year.  Date to be Completed: 05/11/2017	ast quarterly beginning						
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL D	RUGS AND CONTROLLED SUB	STANCES	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.

04/11/2017

Date

Surveyor:Mark Prizzi

04/11/2017

Date

Survey Report Form Page 3 of 3

Facility Rep:Lucia Jaramillo