

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Center Name:   | Address:           |              |   |                      |                             | Phor | Phone:             |                          |               |  |
|--|--------------------|--------------|---|----------------------|-----------------------------|------|--------------------|--------------------------|---------------|--|
| Midwest NMCAP La Promesa Site  |                    |              | 898 Highway 304 (505)   Veguita, NM 87062 (505) |                      |                             |      | 966-2419           |                          |               |  |
| License Number:  | Issue Date:        | Expiration I | Date:   | Туре:                |                             |      | Status:            |                          |               |  |
| 124886   | 10/7/2016          | 10/6/2017    |   | 2 Star Child         | Care Center                 |      | Licensed           |                          |               |  |
| Capacity   |                    |              |   |                      |                             | Cei  | nsus               |                          |               |  |
| Over Age 2: 20   | Under Age 2:       | 0 Night      | Care:   | 0 PI                 | ayground: 20                | Ove  | er 2:              | 12                       | Under 2: 0    |  |
| Days and Hours of Operation  |                    |              |   |                      |                             |      |                    |                          |               |  |
|  | Monday<br>08:00 AM |              |   | ednesday<br>08:00 AM | <u>Thursday</u><br>08:00 AM |      | <u>day</u><br>0 AM | <u>Saturda</u><br>Closed |               |  |
| Opening Times<br>Closing Times   |                    |              |   | 04:00 PM             | 04:00 PM                    |      | 0 PM               | Closed                   | Closed        |  |
| # of Classrooms:   |                    | Purpose:     |   |                      | Date:                       |      |                    | Time:                    |               |  |
| 1  |                    | Annual       |   |                      | 05/08/2017                  |      |                    | 11:00 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   |                    |              |   |                      |                             |      |                    | 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  |                    |              |   |                      |                             |      |                    | Non-compliance           |               |  |
| Deficiencies   |                    |              |   |                      |                             |      |                    |                          |               |  |
| The center failed to post classroom ratios and maximum group sizes in an area of the room that is easily visible to parents, staff and visitors. 1 to 14 ratio and maximum group size is |                    |              |   |                      |                             |      |                    |                          |               |  |
| 28 children.   |                    |              |   |                      |                             |      |                    |                          |               |  |
| 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 Comp  |                    |              |   |                      |                             |      |                    |                          |               |  |
| 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            |               |  |
|  |                    |              |   |                      |                             |      |                    |                          |               |  |

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|---|---------------------------|---------------------|--|--|--|--|
|   |                           | 05/06/2017          |  |  |  |  |
|   | ative Requirements        | Not Inspecte        |  |  |  |  |
| 8.16.2.22 E CHILDREN'S RECORDS                                      |                           |                     |  |  |  |  |
| 8.16.2.22 F PERSONNEL RECORDS                                       |                           | Not Inspecte        |  |  |  |  |
| 8.16.2.22 G PERSONNEL HANDBOOK                                      |                           | Not Inspecte        |  |  |  |  |
| Perso   | onnel & Staffing          |                     |  |  |  |  |
| 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS                     |                           |                     |  |  |  |  |
| 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING                       |                           |                     |  |  |  |  |
| 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES                      |                           | Complianc           |  |  |  |  |
| Services  | & Care of Children        |                     |  |  |  |  |
| 8.16.2.24 A GUIDANCE  |                           | Complianc           |  |  |  |  |
| 8.16.2.24 B NAPS OR REST PERIOD                                     |                           |                     |  |  |  |  |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODD            | LERS                      | N/                  |  |  |  |  |
| 8.16.2.24 D DIAPERING AND TOILETING                                 |                           |                     |  |  |  |  |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS |                           |                     |  |  |  |  |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE                  |                           | N/                  |  |  |  |  |
| 8.16.2.24 G PHYSICAL ENVIRONMENT                                    |                           | Complianc           |  |  |  |  |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT                 |                           | Complianc           |  |  |  |  |
| 8.16.2.24 I EQUIPMENT AND PROGRAM                                   |                           | Complianc           |  |  |  |  |
| 8.16.2.24 J OUTDOOR PLAY AREAS                                      |                           |                     |  |  |  |  |
| 8.16.2.24 K SWIMMING, WADING AND WATER                              |                           | N/                  |  |  |  |  |
| 8.16.2.24 L FIELD TRIPS   |                           | Not Inspecte        |  |  |  |  |
| F   | ood Service               |                     |  |  |  |  |
| 8.16.2.25 B MEALS AND SNACKS  |                           | Complianc           |  |  |  |  |
| 8.16.2.25 C MENUS   |                           |                     |  |  |  |  |
| 8.16.2.25 D KITCHENS  |                           |                     |  |  |  |  |
| 8.16.2.25 E MEAL TIMES  |                           |                     |  |  |  |  |
| Health & S  | afety Requirements        |                     |  |  |  |  |
| 8.16.2.26 A HYGIENE   |                           | Complianc           |  |  |  |  |
| 8.16.2.26 B FIRST AID REQUIREMENTS                                  |                           |                     |  |  |  |  |
| 8.16.2.26 C MEDICATION  |                           |                     |  |  |  |  |
| 8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS                      |                           |                     |  |  |  |  |
| 8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS               |                           | N/                  |  |  |  |  |
| Buildings   | , Grounds & Safety        |                     |  |  |  |  |
| 8.16.2.29 A HOUSEKEEPING  |                           | Complianc           |  |  |  |  |
| 8.16.2.29 B PEST CONTROL  |                           |                     |  |  |  |  |
| Survey Report Form  |                           | Page 2 o            |  |  |  |  |

Survey Report Form

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|--|---------------------------|---------------------|------------|--|--|--|--|
| Buildings, Grounds & Safety                                      |                           |                     |            |  |  |  |  |
| 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                                    |                           | Compliance          |            |  |  |  |  |
| 8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUG | NCES                      | 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 note | d |
|--|---|
| above, may result in further action taken against the licensee.  |   |

1200 M

1.110

05/08/2017

Date

Facility Rep:Lorie Padilla

Surveyor:Mark Prizzi Survey Report Form Date

05/08/2017