



**Facility**

**Name:** *RGEC @ Gil Sanchez Elementary* **License Number:** *165659*  
**Address:** *376 Jarales Rd, Jarales, NM 87023*  
**Phone:** *5053008370* **Fax:**  **E-mail:** *mlujan@rgec.org*

**License Information**

**Type:** *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *10/15/2017* **Expiration Date:** *10/14/2018*

**Capacity**

**Over Age 2:** *122* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *0*  
**Square Footage:** *0*

**Census**

**Over 2:** *30* **Under 2:** *0*

**Classrooms**

**Number of Classrooms:** *1*

**Days and Hours of Operation - Morning**

<b>Monday</b> <i>Closed</i>	<b>Tuesday</b> <i>Closed</i>	<b>Wednesday</b> <i>Closed</i>	<b>Thursday</b> <i>Closed</i>	<b>Friday</b> <i>Closed</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Days and Hours of Operation - Afternoon**

<b>Monday</b> <i>3:15 PM - 6:00 PM</i>	<b>Tuesday</b> <i>3:15 PM - 6:00 PM</i>	<b>Wednesday</b> <i>3:15 PM - 6:00 PM</i>	<b>Thursday</b> <i>3:15 PM - 6:00 PM</i>	<b>Friday</b> <i>3:15 PM - 6:00 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

**Date:** *04/04/2018* **Time In:** *3:15 PM* **Time Out:** *4:15 PM* **Purpose:** *Semi-Annual*

**Licensure**

8.16.2.40 A Licensing Requirements *Compliance*  
 8.16.2.40 B Capacity of a Program *Compliance*  
 8.16.2.40 C,D Incident Reporting Requirements *Not Inspected*

**Administrative Requirements**

8.16.2.41 A Administrative Records *Compliance*

**Administrative Requirements (continued)**

8.16.2.41 B Mission, Philosophy and Curriculum Statement	Not Inspected
8.16.2.41 C Parent Handbook	Not Inspected
8.16.2.41 D Children's Records	Compliance
8.16.2.41 E Personnel Records	Compliance
8.16.2.41 F Personnel Handbook	Not Inspected

**Personnel & Staffing**

8.16.2.42 A Personnel and Staffing Requirements	Compliance
8.16.2.42 B Staff Qualifications	Compliance
8.16.2.42 C Training	Compliance

**Services & Care of Children**

8.16.2.43 A Guidance	Compliance
8.16.2.43 B Physical Environment	Compliance
8.16.2.43 C Social-Emotional Responsive Environment	Compliance
8.16.2.43 D Equipment and Program	Compliance
8.16.2.43 E Additional Requirements for Children with Special Needs	Compliance
8.16.2.43 F Outdoor Play Areas	Compliance
8.16.2.43 G Swimming, Wading and Water	N/A
8.16.2.43 H Field Trips	N/A

**Food Service**

8.16.2.44 B Meals and Snacks	Compliance
8.16.2.44 C Kitchens	Compliance

**Health & Safety Requirements**

8.16.2.45 A Hygiene	Compliance
8.16.2.45 B First Aid Requirements	<b>Non-compliance</b>

*The program's first aid kit does not contain gauze pads, a thermometer.*

*Corrective Action Plan*

*Missing items will be added to the first-aid kit; staff will be reminded to replace any item used.*

*Date to be Completed: 05/04/2018*

8.16.2.45 C Medication	N/A
8.16.2.45 D Illnesses	Not Inspected

**Buildings, Grounds & Safety (continued)**

8.16.2.46 A-H Transportation Requirements

N/A

**Buildings, Grounds & Safety**

8.16.2.47 A Housekeeping

Compliance

8.16.2.47 B Pest Control

Compliance

8.16.2.47 C Mechanical Systems

Compliance

8.16.2.47 D Lighting, Lighting Fixtures and Electrical

Compliance

8.16.2.47 E Exits and Windows

Compliance

8.16.2.47 F Toilet and Bathing Facilities:

Compliance

8.16.2.47 G Safety Compliance:

**Non-compliance**

*The program failed to conduct a fire drill for the month(s) of December, January, March.*

*Corrective Action Plan*

*A monthly fire drill will be held and recorded.*

Date to be Completed: 05/04/2018

8.16.2.47 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

Compliance

8.16.2.47 I Pets

N/A

**Additional Comments**

None

**Signatures**

Please Note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans noted above, may result in further action taken against the licensee.



Surveyor: Mark Prizzi



Facility Representative: Michael A Lujan Samantha Sanchez

