



Facility

Name: Roadrunner Child Development Inc. **License Number:** 141825
Address: 608 Chelwood Park NE, Albuquerque, NM 87123
Phone: 5052936691 **Fax:** **E-mail:** roadrunnercd@comcast.net

License Information

Type: 5 Star FOCUS Child Care Center **Status:** Licensed **Issue Date:** 11/20/2018 **Expiration Date:** 11/19/2019

Capacity

Over Age 2: 41 **Under Age 2:** 22 **Night Care:** **Playground:** 67
Square Footage: 0

Census

Over 2: 21 **Under 2:** 11

Classrooms

Number of Classrooms: 4

Days and Hours of Operation

Monday 7:00 AM - 6:00 PM	Tuesday 7:00 AM - 6:00 PM	Wednesday 7:00 AM - 6:00 PM	Thursday 7:00 AM - 6:00 PM	Friday 7:00 AM - 6:00 PM
Saturday Closed	Sunday Closed			

Inspection

Date: 03/20/2019 **Time In:** 9:45 AM **Time Out:** 11:37 AM **Purpose:** Semi-annual

Licensing:

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*

Licensing Actions and Administrative Appeals:

8.16.2.12 A, K, M Licensing Actions and Administrative Appeals *Not Inspected*

Surveys for Child Care Facilities:

8.16.2.17 E, F Surveys for Child Care Facilities

Compliance

Complaints:

8.16.2.18 D Complaints

Not Inspected

Licensure Requirements for Centers:

8.16.2.21 A Licensing Requirements

Not Inspected

8.16.2.21 B Capacity of Centers

Compliance

8.16.2.21 B (3)c Capacity of Centers

Compliance

8.16.2.21 C Incident Reporting Requirements

Not Inspected

Administrative Requirements for Centers:

8.16.2.22 A Administrative Records

Compliance

8.16.2.22 B Mission, Philosophy and Curriculum Statement

Not Inspected

8.16.2.22 C Policy and Procedures

Compliance

8.16.2.22 D Family Handbook

Not Inspected

8.16.2.22 E Children's Records

Non-compliance**Admin/Licensure**

8.16.2.22.E.1.e.: *a copy of the child's up-to-date immunization record or a public health division approved exemption from the requirement, a grace period of a maximum of 30 days will be granted for children in foster care or homeless children and youth;*

Finding**Deadline: 04/20/2019**

Of the 6 children's records reviewed, 1 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.

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.

8.16.2.22.E.2.c.: *The name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency.*

Admin/Licensure (continued)

Finding**Deadline:** 04/20/2019

Of the 6 children's records reviewed, 1 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.22 form for the child(ren) with missing information. Corrected on site.

Corrective Action Plan

Parents will be advised to review and add missing information. The center will review all children's records to ensure contact information for a physician or medical center is on file. Corrected on site.

8.16.2.22 F Personnel Records**Non-compliance**

Personnel

8.16.2.22.F.1.f.:*an annual signed statement that the staff member would or would not be disqualified as a direct provider of care under the most current version of the Background Checks and Employment History Verification provisions pursuant to 8.8.3 NMAC;*

Finding**Deadline:** 04/20/2019

The center failed to have 2 out of 8 person(s) providing care to sign an annual statement that they have, or have never had, an arrest or substantiated referral to a child protective services agency. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction.

8.16.2.22.F.1.h.:*documentation of all appropriate training by date, time, hours and area of competency;*

Finding**Deadline:** 04/20/2019

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include documentation of training by date, time, hours and area of competency or a training certificate. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

The center will obtain verification of all training and retain on file.

8.16.2.22.F.1.b.:*position;*

Personnel (continued)

Finding**Deadline: 04/20/2019**

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include the staff's position. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will add the position to the record.

8.16.2.22.F.1.c.:*current and past duties and responsibilities;*

Finding**Deadline: 04/20/2019**

From the review of staff records, it was determined that 1 out of 8 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.

Corrective Action Plan

The center will add staff's current and past duties and responsibilities to the record.

8.16.2.22.F.1.e.:*documentation of a background check and employment history verification; if background check is in process then documentation showing that it is in process, such as a submission receipt, shall be placed in file. A background check must be conducted at least once every five (5) years on all required individuals;*

Finding**Deadline: 04/20/2019**

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include employment history verification. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will complete employment history verification and retain on file.

8.16.2.22.F.1.i.:*emergency contact number;*

Finding**Deadline: 04/20/2019**

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include an emergency contact number. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will have staff complete required information.

8.16.2.22.F.1.j.:*universal precaution acknowledgment form;*

Personnel (continued)

Finding**Deadline:** 04/20/2019

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include a signed universal precaution acknowledgement form. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

The center will have staff complete and sign the universal precaution acknowledgement form and will retain on file.

8.16.2.22.F.1.k.:confidentiality form;

Finding**Deadline:** 04/20/2019

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include a signed confidentiality form. See Staff Records 8.16.2.22 form for staff who need to complete a signed confidentiality form.

Corrective Action Plan

The center will have staff complete a signed confidentiality form and will retain on file.

8.16.2.22.F.1.n.:written plan for ongoing professional development for each educator, including the director, that is based on the seven areas of competency, consistent with the career lattice, and based on the individual's goals; and

Finding**Deadline:** 04/20/2019

From the review of staff records, it was determined that 1 out of 8 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.

Corrective Action Plan

The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file.

8.16.2.22.F.1.o.:signed acknowledgment that the staff have read and understand the personnel handbook;

Finding**Deadline:** 04/20/2019

From the review of staff records, it was determined that 1 out of 8 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.

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file.

(continued)

8.16.2.22.F.1.p.:signed acknowledgement that all staff have reviewed and are aware of the center's disaster preparedness plan and evacuation plan.

Finding**Deadline:** 04/20/2019

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed.

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file.

8.16.2.22 G Personnel Handbook

Not Inspected

Personnel and Staffing Requirements for Centers:

8.16.2.23 A Personnel and Staffing Requirements

Compliance

8.16.2.23 B Staff Qualifications and Training

Non-compliance**Personnel**

8.16.2.23.B.2.a.:The director will develop and document an orientation and training plan for new staff members and volunteers and will provide information on training opportunities. The director will have on file a signed acknowledgment of completion of orientation by employees, volunteers and substitutes as well as the director. New staff members will participate in an orientation before working with children. Initial orientation will include training on the following:

Finding**Deadline:** 04/20/2019

From the review of staff records, it was determined that 1 out of 8 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation.

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.

8.16.2.23 C Staff/Child Ratios and Group Sizes

Compliance

Services and Care of Children in Centers:

8.16.2.24 A Guidance

Compliance

8.16.2.24 A1 Guidance

Non-compliance**Admin/Licensure**

8.16.2.24.A.1.:A center will have written policies and procedures clearly outlining guidance practices. Centers will give this information to all parents and staff who will sign a form to acknowledge that they have read and understand these policies and procedures.

Admin/Licensure (continued)

Finding

Deadline: 04/20/2019

Of the 8 staff records reviewed, 1 is/are missing a signed staff acknowledgement that the center's guidance policy had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Corrective Action Plan

The center will review all staffs records to ensure a signed staff acknowledgement is on file.

8.16.2.24 B Naps or Rest Period	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	Not Inspected
8.16.2.24 G Physical Environment	Not Inspected
8.16.2.24 H Social-Emotional Responsive Environment	Compliance
8.16.2.24 I Equipment and Program	Compliance
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

Food Service Requirements for Centers:

8.16.2.25 A Meal Pattern Requirements	Compliance
8.16.2.25 B Meals and Snacks	Compliance
8.16.2.25 B3 Meals and Snacks	Compliance
8.16.2.25 C Menus	Compliance
8.16.2.25 D Kitchens	Non-compliance

Food Service

8.16.2.25.D.4.:A center will protect food and drink by properly storing items in an airtight container or by tightly wrapping them. A center will label and date all leftover food.

Food Service (continued)

Finding

Deadline: 03/21/2019

A food is not properly stored; the item is not labeled and sealed. (Crackers were not dated and sealed)
Corrected on site.

Corrective Action Plan

The person responsible for food service will be instructed in proper food storage. Corrected on site.

8.16.2.25 E Meal Times

Compliance

Health and Safety Requirements for Centers:

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

Illness Requirements for Centers:

8.16.2.27 A-D Illness Requirements for Centers

Compliance

Transportation Requirements for Centers:

8.16.2.28 A-H Transportation Requirements for Centers

N/A

Building, Ground and Safety Requirements for Centers:

8.16.2.29 A Housekeeping

Non-compliance

Preschool Classroom #1

8.16.2.29.A.1.:A center will keep the premises, including furniture, fixtures, floors, drinking fountains, toys and equipment clean, safe, and in good repair. The center and premises will be free of debris and potential hazards.

Finding

Deadline: 04/20/2019

The Fixtures are not in good repair as evidenced by one ballast is out in the Pre-K room.

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the center and premises will be established.

8.16.2.29 B Pest Control

Compliance

8.16.2.29 C Mechanical Systems

Compliance

Building, Ground and Safety Requirements for Centers: (continued)**8.16.2.29 D Water and Waste**

Compliance

8.16.2.29 E Lighting, Lighting Fixtures and Electrical**Non-compliance**

Preschool Classroom #1

8.16.2.29.E.2.:*A center will have emergency lighting that turns on automatically when electrical service is disrupted.*

Finding**Deadline: 04/20/2019**

The center does not have emergency lighting that turns on automatically when electrical service is disrupted. Emergency lights were not operable in the Pre-K room.

Corrective Action Plan

Emergency lighting will be installed.

8.16.2.29 F Exits and Windows

Compliance

8.16.2.29 G Toilet and Bathing Facilities**Non-compliance**

Preschool Classroom #1

8.16.2.29.G.2.:*All toilet rooms will have toilet paper, soap and disposable towels at a height accessible to children. A center will not use a common towel or wash cloth.*

Finding**Deadline: 04/20/2019**

The toilet room for 4 yr. old boys restroom(s) is missing soap.

Corrective Action Plan

The toilet room will be restocked and a routine established to monitor all toilet rooms for adequate supplies.

8.16.2.29 H Safety Compliance**Non-compliance**

Admin/Licensure

8.16.2.29.H.3.g.:*a center will keep a telephone in an easily accessible place for calling for help in an emergency and will post emergency phone numbers for fire, police, ambulance and the poison control center next to the phone; a center will not use a pay phone to fulfill this requirement; if cordless phones are used, emergency numbers shall be posted on the phone itself; facilities shall post the center's telephone number and address in a conspicuous location next to the emergency phone numbers; a center shall have at least one corded phone or cell phone for use in the case of a power outage;*

Admin/Licensure (continued)

Finding**Deadline:** 04/20/2019

The list of emergency telephone numbers did not include a phone number for fire, police, ambulance and the poison control center. (Cordless phone in Pre-k)

Corrective Action Plan

A complete list of emergency phone numbers will be posted next to the phone or on the phone itself if a cordless phone is used.

8.16.2.29.H.1.:*A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.*

Finding**Deadline:** 04/20/2019

The center failed to conduct an emergency preparedness practice drills for at least once a quarter.

Corrective Action Plan

A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.

8.16.2.29.H.3.d.:*a center will keep a record of the fire drills and emergency preparedness practice drills with the date, time, number of adults and children participating, and any problems encountered during the fire drill on file for at least 12 months;*

Finding**Deadline:** 04/20/2019

The center's record of fire drill, emergency preparedness practice drills was not retained for at least 12 months. Person in charge could not locate the Fire/emergency drill log.

Corrective Action Plan

The record of fire drills and emergency preparedness practice drills will be kept on file for at least 12 months.

8.16.2.29.H.2.:*A center will conduct at least one fire drill each month.*

Finding**Deadline:** 04/20/2019

The center failed to conduct a fire drill for the month(s) of October 2018 - February 2019. Person in charge could not locate Fire drill/Emergency preparedness drill log to provide evidence that drills are conducted.

8.16.2.29 H3(f)(i)(k) Safety Compliance

Compliance

8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

Compliance

8.16.2.29 J 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: *Kia Kennedy*



Facility Representative: *Amber Castro*