

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Center Name:  |                            |                                    | Address:                     |                     |              |                        | Phone                     | ):            |                         |
|---|----------------------------|------------------------------------|------------------------------|---------------------|--------------|------------------------|---------------------------|---------------|-------------------------|
| Roswell ASP/EI Capitan Elem.  |                            | 2807 W. Bland<br>Roswell, NM 88203 |                              |                     |              | (575)623-9438          |                           |               |                         |
| License Number:   | Issue Date:                | Expiration D                       |                              |                     |              | Status:                |                           |               |                         |
| 53039   | 11/21/2016                 | 11/20/2017                         | 2 Star                       | Child Care Center   |              | Licensed               |                           |               |                         |
| Capacity  |                            | •                                  | •                            |                     | С            | ensus                  |                           |               |                         |
| Over Age 2: 50  | Under Age 2:               | 0 Night 0                          | Care: 0                      | Playground:         | 50 O         | ver 2:                 | 18                        | Under 2:      | 0                       |
| Days and Hours of   | Operation                  |                                    |                              |                     |              |                        |                           |               |                         |
| <u>Morning</u><br>Opening Times<br>Closing Times  |                            | <u>Tuesday</u>                     | <u>v</u> <u>Wednesda</u>     | <u>ay Thurs</u>     | <u>lay F</u> | <u>riday</u>           | <u>Saturday</u><br>Closed | <u>,</u>      | <u>Sunday</u><br>Closed |
| <u>Afternoon</u><br>Opening Times   | <u>Monday</u><br>: 03:00 P | <u>Tuesday</u><br>03:00 P          | <u>/ Wednesda</u><br>01:45 P | -                   | -            | <u>riday</u><br>3:00 P | <u>Saturday</u>           | <u>'</u>      | <u>Sunday</u>           |
| Closing Times   |                            | 05:30 P                            | 03:00 P                      | 05:00               | PM 04        | 5:30 P                 |                           |               |                         |
| # of Classrooms:  |                            | urpose:<br>nnual                   |                              | Date:<br>10/11/2017 |              |                        | <b>Time:</b><br>08:40 AM  |               |                         |
| Comments<br>Survey visit was made at center on 09/21/17 at 2:55 pm until 3:50 pm. Personel files were reviewed on 10/11/2017. |                            |                                    |                              |                     |              |                        |                           |               |                         |
| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:             |                            |                                    |                              |                     |              |                        |                           |               |                         |
| Licensure   |                            |                                    |                              |                     |              |                        |                           |               |                         |
| 8.16.2.40 A LICENS  |                            | NTS                                |                              |                     |              |                        |                           |               | Compliance              |
| 8.16.2.40 B CAPACITY OF A PROGRAM   |                            |                                    |                              |                     |              |                        |                           | Compliance    |                         |
| 8.16.2.40 C, D INCIDENT REPORTING REQUIREMENTS  |                            |                                    |                              |                     |              |                        |                           | Compliance    |                         |
|   |                            |                                    | Administrat                  | tive Requirer       | nents        |                        |                           |               |                         |
| 8.16.2.41 A ADMINISTRATION RECORDS  |                            |                                    |                              |                     |              |                        | N                         | on-compliance |                         |
| Deficiencies  |                            |                                    |                              |                     |              |                        |                           |               |                         |
| The program failed to display in a prominent place the last inspection/survey.<br>Regulation: 8.16.2.41A                      |                            |                                    |                              |                     |              |                        |                           |               |                         |
| Corrective Action Plan  |                            |                                    |                              |                     |              |                        |                           |               |                         |
| The program wi  | II post the missing        | g item(s).                         |                              |                     |              |                        |                           |               |                         |
| 8.16.2.41 B MISSIO  | N, PHILOSOPHY A            | ND CURRICUL                        | UM STATEMENT                 |                     |              |                        |                           |               | Compliance              |
| 8.16.2.41 C PARENT HANDBOOK   |                            |                                    |                              |                     |              |                        | Compliance                |               |                         |
| 8.16.2.41 D, 8.16.2.42 D CHILDREN'S RECORDS   |                            |                                    |                              |                     |              |                        | Compliance                |               |                         |
|   |                            |                                    |                              |                     |              |                        |                           |               |                         |
|   |                            |                                    |                              |                     |              |                        |                           |               |                         |
|   |                            |                                    |                              |                     |              |                        |                           |               |                         |
|   |                            |                                    |                              |                     |              |                        |                           |               |                         |
|   |                            |                                    |                              |                     |              |                        |                           |               |                         |
|   |                            |                                    |                              |                     |              |                        |                           |               |                         |

| Center Name:  | License Number:  | Date:      |                |
|---|--|------------|----------------|
| Roswell ASP/El Capitan Elem.  | 53039  | 10/11/2017 |                |
| Administrative  | Requirements   |            |                |
| Deficiencies         Of the 39 children's records reviewed, 11 is/are missing the date the program. See Children's Records 8.16.2.41form for the child(ren) with Regulation: 8.16.2.41D(1)(d)         Corrective Action Plan         The first attendance date will be added and the program will review ensure complete information is on file. Files were corrected on site.         Date to be Completed: 10/11/2017   | th missing information.  |            |                |
| 8.16.2.41 E PERSONNEL RECORDS   |  |            | Compliance     |
| 8.16.2.41 F PERSONNEL HANDBOOK  |  |            | Compliance     |
| Personnel   | & Staffing   |            |                |
| <ul> <li>8.16.2.42 A PERSONNEL AND STAFFING REQUIREMENTS</li> <li>Deficiencies Interest area in the classroom are not well defined. Regulation: 8.16.2.42(A)10(a) </li> <li>Corrective Action Plan The number of children who may be in a group and the number of c Paragraph (9) of Subsection A of 8.16.2.42 NMAC. More than one g occupy a room, provided the following conditions specified in Paragrapt (8.16.2.42 NMAC are met. Date to be Completed: 10/06/2017 Deficiencies Activity/interest area in the classroom did not have a posted capacit Regulation: 8.16.2.42(A)10(b) Corrective Action Plan The number of children who may be in a group and the number of c Paragraph (9) of Subsection A of 8.16.2.42 NMAC. More than one g occupy a room, provided the following conditions specified in Paragrapt (9) of Subsection A of 8.16.2.42 NMAC. More than one g occupy a room, provided the following conditions specified in Paragrapt of 8.16.2.42 NMAC are met. Date to be Completed: 10/13/2017</li></ul> | roup of children may<br>raph (10) of Subsection A<br>y.<br>aregivers is specified in<br>roup of children may | N          | lon-compliance |
| 8.16.2.42 B STAFF QUALIFICATIONS  |  |            | Compliance     |
| 8.16.2.42 C TRAINING  |  |            | Compliance     |
| Services & Ca   | re 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   |  | Compliance |                |
| 8.16.2.43 G SWIMMING, WADING AND WATER  |  |            | N/A            |
| 8.16.2.43 H FIELD TRIPS   |  |            | N/A            |
| Survey Report Form  |  |            | Page 2 of 3    |

| Center Name:<br>Roswell ASP/EI Capitan Elem.      | License Number:<br>53039                 | Date:<br>10/11/2017 |               |
|---|--|---------------------|---------------|
|   | Services & Care of Children              | 10/11/2011          |               |
| 8.16.2.43 F OUTDOOR PLAY AREAS                    |  |                     | Compliance    |
|   | Food Service                             |                     | ·             |
| 8.16.2.44 B MEALS AND SNACKS                      | Food Service                             |                     | Compliance    |
| 8.16.2.44 C KITCHENS                              |  |                     | Compliance    |
|   |  |                     | Compliance    |
| н   | lealth & Safety Requirements             |                     |               |
| 8.16.2.45 A HYGIENE                               |  |                     | Compliance    |
| 8.16.2.45 B FIRST AID REQUIREMENTS                |  |                     | Compliance    |
| 8.16.2.45 C MEDICATION                            |  |                     | Compliance    |
| 8.16.2.45 D ILLNESSES                             |  |                     | Compliance    |
| 8.16.2.46 A-H TRANSPORTATION REQUIREMENTS         |  |                     | N//           |
| E   | Buildings, Grounds & Safety              |                     |               |
| 8.16.2.47 A HOUSEKEEPING                          |  |                     | Compliance    |
| 8.16.2.47 B PEST CONTROL                          |  |                     | Not Inspected |
| 8.16.2.47 C MECHANICAL SYSTEMS                    |  |                     | Compliance    |
| 8.16.2.47 D LIGHTING, LIGHTING FIXTURES AND ELECT | RICAL                                    |                     | 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                     |  |                     | Compliance    |
|   | GES, ILLEGAL DRUGS AND CONTROLLED SUBSTA | ANCES               | Compliance    |
| 8.16.2.47 H SMOKING, FIREARMS, ALCOHOLIC BEVERA   |  |                     |               |

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.

Netthe Lowe

10/11/2017

Date

10/11/2017

Surveyor:Nicholas Conde

Survey Report Form

Facility Rep:Mary Dawe

Date