

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| | | | Address: | | | | | | | Phone |): | |
|--|------------------|------------------|-----------------|-------------|----------------|------------|------------|---------------|---------------|---------|----------|---------------|
| Center Name: Serendipity Day School | | | 124 Richmond SE | | | | | | (505)255-7336 | | | |
| | Issue Date: | Expiration D | | ie, NM 8710 | 6 | | | Status: | | () | | |
| | 09/4/2016 | 09/3/2017 | Jale. | | ld Care Center | | | Licensed | | | | |
| Capacity | 09/4/2010 | 09/3/2017 | | 2 Star Chi | | | Cen | | | | | |
| Over Age 2: 96 | Under Age 2: | 0 Night (| Care: | 0 F | Playground: | 100 | Over | | 54 | | Under 2: | 0 |
| Dave and Hours of Or | | | | | | | | | | | | |
| Days and Hours of Op | Monday | Tuesday | | ednesday | Thurso | 21/ | Frid | av | ¢. | aturday | , | Sunday |
| Opening Times: | 07:30 AM | 07:30 AN | _ | 07:30 AM | 07:30 A | | 07:30 | | | Closed | <u>.</u> | Closed |
| Closing Times: | 05:30 PM | 05:30 PM | И С | 05:30 PM | 05:30 F | PM | 05:30 | PM | | | | |
| # of Classrooms: | | urpose: | | | Date: | | | | Time | | | |
| 5 | S | emi-Annual | | | 02/28/2017 | | | | 10:00 |) AM | | |
| Comments | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| A SURVE | Y OF YOUR FACILI | ITY HAS BEEN MAI | DE AND YOU | ARE NOTIFI | ED OF NON-CO | MPLIANCE C | OF THE | REGULATIO | ONS AS | S NOTED | D BELOW: | |
| | | | | Lice | nsure | | | | | | | |
| 8.16.2.11 A TYPES OF | F 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 LICE | ENSING ACTION | NS AND ADMINI | STRATIVE | APPEALS | | | | | | | | Not Inspected |
| 8.16.2.17 E, F SURVE | YS FOR CHILD | | IES | | | | | | | | | Not Inspected |
| 8.16.2.18 D COMPLA | INTS | | | | | | | | | | | Not Inspected |
| 8.16.2.21 A LICENSIN | IG REQUIREME | NTS | | | | | | | | | | Not Inspected |
| 8.16.2.21 B CAPACITY OF CENTERS | | | | | | | | Compliance | | | | |
| 8.16.2.21 C INCIDENT REPORTING REQUIREMENTS | | | | | | | | Not Inspected | | | | |
| | | | Admi | nistrativ | e Requiren | nents | | | | | | |
| 8.16.2.22 A ADMINIST | TRATION RECO | RDS | | | | | | | | | | Compliance |
| 8.16.2.22 B MISSION, | , PHILOSOPHY | AND CURRICUL | UM STATE | MENT | | | | | | | | Not Inspected |
| 8.16.2.22 C POLICY A | AND PROCEDUR | RES | | | | | | | | | | Not Inspected |
| 8.16.2.22 D FAMILY H | IANDBOOK | | | | | | | | | | | Not Inspected |
| 8.16.2.22 E CHILDREN'S RECORDS | | | | | | | Compliance | | | | | |
| 8.16.2.22 F PERSONN | NEL RECORDS | | | | | | | | | | N | on-compliance |
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| Center Name: | License Number: | Date: | | | | |
|--|-------------------|---------------|--|--|--|--|
| Serendipity Day School | 10859 | 02/28/2017 | | | | |
| Administrative Re | quirements | | | | | |
| Deficiencies From the review of staff records, it was determined that 6 out of 16 staff include a background check. See Staff Records 8.16.2.22 form for staff information. The 6 staff do not have the background check in the require Regulation: 8.16.2.22F(1)(e) | with this missing | | | | | |
| Corrective Action Plan The center will obtain documentation of a background check. Date to be Completed: 03/28/2017 | | | | | | |
| 8.16.2.22 G PERSONNEL HANDBOOK | | Not Inspected | | | | |
| Personnel & S | taffing | | | | | |
| 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS | Ū | Compliance | | | | |
| 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING | | | | | | |
| 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES | Compliance | | | | | |
| Services & Care o | of Children | ł | | | | |
| 8.16.2.24 A GUIDANCE | | Compliance | | | | |
| 8.16.2.24 B NAPS OR REST PERIOD | Compliance | | | | | |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS | N/A | | | | | |
| 8.16.2.24 D DIAPERING AND TOILETING | Compliance | | | | | |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEE | N/A | | | | | |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE | | N/A | | | | |
| 8.16.2.24 G PHYSICAL ENVIRONMENT | | Not Inspected | | | | |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT | | Not Inspected | | | | |
| 8.16.2.24 I EQUIPMENT AND PROGRAM | | Not Inspected | | | | |
| 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 | | N/A | | | | |
| Food Serv | ice | | | | | |
| 8.16.2.25 B MEALS AND SNACKS | | Not Inspected | | | | |
| 8.16.2.25 C MENUS | | Compliance | | | | |
| 8.16.2.25 D KITCHENS | Compliance | | | | | |
| 8.16.2.25 E MEAL TIMES | | Not Inspected | | | | |
| Health & Safety Re | quirements | | | | | |
| 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 | | | | | |
| 8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS | | Not Inspected | | | | |
| Survey Report Form | | Page 2 of 3 | | | | |

| Center Name: | License Number: | Date: | |
|--|-----------------------------|------------|---------------|
| Serendipity Day School | 10859 | 02/28/2017 | |
| Health & | Safety Requirements | | |
| 8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS | | | N/A |
| Building | s, Grounds & Safety | | |
| 8.16.2.29 A HOUSEKEEPING | | | Compliance |
| 8.16.2.29 B PEST CONTROL | | | Not Inspected |
| 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, ILLE | GAL DRUGS AND CONTROLLED SU | BSTANCES | Not Inspected |
| 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.

02/28/2017

Date

u an Bow

Facility Rep:La Ann Bower

02/28/2017

Surveyor:Lucille Mizner

Survey Report Form

Date