



Facility

Name: *St. Paul's Child Development Center* **License Number:** *94682*
Address: *225 W. Griggs, Las Cruces, NM 88005*
Phone: *5755413175* **Fax:** *n/a* **E-mail:** *preschool@stpaulslascruces.com*

License Information

Type: *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *11/01/2017* **Expiration Date:** *10/31/2018*

Capacity

Over Age 2: *97* **Under Age 2:** *18* **Night Care:** *0* **Playground:** *35*
Square Footage: *0*

Census

Over 2: *18* **Under 2:** *10*

Classrooms

Number of Classrooms: *7*

Days and Hours of Operation

Monday <i>7:30 AM - 5:00 PM</i>	Tuesday <i>7:30 AM - 5:00 PM</i>	Wednesday <i>7:30 AM - 5:00 PM</i>	Thursday <i>7:30 AM - 5:00 PM</i>	Friday <i>7:30 AM - 5:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *08/21/2018* **Time In:** *11:42 AM* **Time Out:** *1:55 PM* **Purpose:** *Annual*

Licensure

8.16.2.11 A Types of Licenses	Compliance
8.16.2.11 B Renewal of License	N/A
8.16.2.11 D Non-transferable Restrictions of License	N/A
8.16.2.12 A, K, M Licensing Actions and Administrative Appeals	N/A
8.16.2.17 E, F Surveys for Child Care Facilities	Compliance
8.16.2.18 D Complaints	Compliance
8.16.2.21 A Licensing Requirements	Compliance
8.16.2.21 B Capacity of Centers	Compliance

Licensure (*continued*)**8.16.2.21 C Incident Reporting Requirements***Compliance***Administrative Requirements****8.16.2.22 A Administrative Records***Compliance***8.16.2.22 B Mission, Philosophy and Curriculum Statement***Compliance***8.16.2.22 C Policy and Procedures***Compliance***8.16.2.22 D Family Handbook***Compliance***8.16.2.22 E Children's Records***Not Inspected***8.16.2.22 F Personnel Records*****Non-compliance***

From the review of staff records, it was determined that 1 out of 9 staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information.

One out of the nine records check does not have an updated background check. Exceeds the 5 year update.

Corrective Action Plan

The center will obtain documentation of a background check.

Regulation: 8.16.2.22.F.1.e.

Date to be Completed: 09/21/2018

From the review of staff records, it was determined that 6 out of 9 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.

Regulation: 8.16.2.22.F.1.n.

Date to be Completed: 09/21/2018

8.16.2.22 G Personnel Handbook*Compliance***Personnel & Staffing****8.16.2.23 A Personnel and Staffing Requirements***Compliance*

Personnel & Staffing (continued)**8.16.2.23 B Staff Qualifications and Training****Non-compliance**

From the review of staff records, it was determined that 2 out of 9 staff working more than 20 hours a week, has/have no documentation of at least 24 hours of qualified annual training, See Staff Records 8.16.2.22 form for staff with missing documentation of training.

Corrective Action Plan

Annual training will be completed as required and documentation retained on file.

Regulation: 8.16.2.23.B.2.d.

Date to be Completed: 09/21/2018

8.16.2.23 C Staff/Child Ratios and Group Sizes**Compliance****Services & Care of Children****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****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****N/A****8.16.2.24 G Physical Environment****Compliance****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, Wadding and Water****N/A****8.16.2.24 L Field Trips****N/A****Food Service****8.16.2.25 B Meals and Snacks****Compliance****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 Requirements

8.16.2.26 A Hygiene	Compliance
8.16.2.26 B First Aid Requirements	Compliance
8.16.2.26 C Medication	Compliance
8.16.2.27 A-D Illness Requirements for Centers	Compliance
8.16.2.28 A-H Transportation Requirements for Centers	N/A

Buildings, Grounds & Safety

8.16.2.29 A Housekeeping	Compliance
8.16.2.29 B Pest Control	N/A
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	Non-compliance

The center does not have verification of an annual fire inspection from the fire authority having jurisdiction.

FACILITY HAD ANNUAL FIRE INSPECTION BUT FORM WAS NOT AVAILABLE FOR REVIEW. FACILITY STAFF CONTACTED FIRE DEPARTMENT TO GET DUPLICATE FORM FOR DISPLAY. FORM WAS MISPLACED DUE TO REARRANGEMENT OF CENTER.

Corrective Action Plan

An annual fire inspection will be requested from the fire authority having jurisdiction over the center.

Regulation: 8.16.2.29.H.3.e.

Date to be Completed: 09/21/2018

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

Did not observe meal time at the time of Survey

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: *Sandra Connolly*



Facility Representative: *Lucy Sedillo*