

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Address:					Pho	Phone:	
University High School/GRADS CCC			25 Martin Roswell, NM 88203				(575)	(575)627-2750		
License Number:	Issue Date:	Expiration I	Date:	Туре:			Status:	•		
33197	04/2/2017	04/1/2018		2 Star + Ch	ild Care Center		Licensed			
Capacity						Cer	nsus			
Over Age 2: 17	Under Age 2:	15 Night	Care:	0 PI	layground: 32	Ove	er 2:	5	Under 2:	5
Days and Hours of										
Opening Times:	Monday 08:00 AM		-	ednesday 08:00 AM	<u>Thursday</u> 08:00 AM		<u>day</u> 0 AM	<u>Saturd</u> Close		<u>Sunday</u> Closed
Closing Times				03:30 PM	03:30 PM		0 PM	01030		Closed
# of Classrooms:		Purpose:			Date:			Time:		
-		Follow-up			03/05/2018			01:30 PM		
Comments Survey was entered	from a handwrit	ten survev due to	error.							
					D OF NON-COMPLIAN					
A 301									ED BELOW.	
				Licer	isure				-	
8.16.2.11 A TYPES										Not Inspected
8.16.2.11 B RENEW										Not Inspected
8.16.2.11 D NON-TF										Not Inspected
8.16.2.12 A, K, M LI				APPEALS						Not Inspected
8.16.2.17 E, F SUR\		D CARE FACILIT	IES							Not Inspected
8.16.2.18 D COMPL										Not Inspected
8.16.2.21 A LICENS									_	Not Inspected
8.16.2.21 B CAPAC										Not Inspected
8.16.2.21 C INCIDE		REQUIREMENT							_	Not Inspected
			Admi	nistrative	Requirements					
8.16.2.22 A ADMINI	STRATION REC	ORDS								Compliance
8.16.2.22 B MISSIO	N, PHILOSOPH	Y AND CURRICUL	UM STATE	MENT						Not Inspected
8.16.2.22 C POLICY	AND PROCEDU	JRES								Not Inspected
8.16.2.22 D FAMILY	HANDBOOK									Not Inspected
8.16.2.22 E CHILDR	EN'S RECORDS	6							N	lon-compliance

University High Stood/GRADS CCC 3197 00552015 Administrative Requirements Deficiencies Of the 4 children's records reviewed, 2 is/are missing a document giving the center permission to transport the child in a medical emergency and authorization for medical treatment signing information. Inservice State	Center Name:	License Number:	Date:				
Deficiencies Of the 4 children's records reviewed, 2 is/are missing a document giving the center permission to transport the child in a medical emergency and authorization for medical treatment signed by a parent or guardian. See Children's Records 8.16.2.22 form for the children's records to ensure emergency medical transportation and treatment authorization Bratterits will be advised to review and add missing information. The center will review all children's records to ensure emergency medical transportation and treatment authorization is on file. Date to be Completed: 0304/2018 8.16.2.23 CPERSONNEL MADBOOK Not Inspected 8.16.2.23 CPERSONNEL AND STAFFING REQUIREMENTS Not Inspected 8.16.2.23 CSTAFFICHLD RATIOS AND TRAINING 8.16.2.23 CSTAFFICHLD RATIOS AND GROUP SIZES Not Inspected 8.16.2.24 OUDANCE 8.16.2.24 DUAPRENCA AND TOLETING 8.16.2.24 DDIAPRENCA AND TOLIETING 8.16.2	University High School/GRADS CCC	33197	03/05/2018				
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8.16.2.22 G PERSONNEL HANDBOOK Not Inspected Personnel & Staffing 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS Not Inspected 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING Not Inspected 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES Services & Care of Children 8.16.2.24 A GUIDANCE 8.16.2.24 A GUIDANCE 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS Compliance 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS Compliance 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS Not Inspected 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS Not Inspected 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE Not Inspected 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE Not Inspected 8.16.2.24 I EQUIPMENT AND PROGRAM Not Inspected 8.16.2.24 J OUTDOOR PLAY AREAS Not Inspected 9 Playground is not safe as evidenced by the following: protructing nail heads or screws. The shed that is with in close proximity of the play equipment has siding and trim that is warped and that has exposed screws. Non-compliance 9 Playground is not safe as evidenced by the following: protructing nail heads or screws.	Of the 4 children's records reviewed, 2 is/are missing a document giving permission to transport the child in a medical emergency and authorizati treatment signed by a parent or guardian. See Children's Records 8.16.2 child(ren) with missing information. Regulation: 8.16.2.22E(2)(d) Corrective Action Plan Parents will be advised to review and add missing information. The cent children's records to ensure emergency medical transportation and treat is on file.	ion for medical 2.22 form for the rer will review all					
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			Not Inspected				
8.16.2.24 L FIELD TRIPS Not Inspected							

Center Name:	License Number:	Date:			
University High School/GRADS CCC	33197	03/05/2018			
	Food Service				
8.16.2.25 B MEALS AND SNACKS			Not Inspected		
8.16.2.25 C MENUS			Not Inspected		
8.16.2.25 D KITCHENS			Not Inspected		
8.16.2.25 E MEAL TIMES			Not Inspected		
Healt	h & Safety Requirements	·			
8.16.2.26 A HYGIENE			Not Inspected		
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		
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENT	ERS		Not Inspected		
Build	dings, Grounds & Safety				
8.16.2.29 A HOUSEKEEPING			Not Inspected		
8.16.2.29 B PEST CONTROL			Not Inspected		
8.16.2.29 C MECHANICAL SYSTEMS			Not Inspected		
8.16.2.29 D WATER AND WASTE			Not Inspected		
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL	L		Not Inspected		
8.16.2.29 F EXITS AND WINDOWS			Not Inspected		
8.16.2.29 G TOILET AND BATHING FACILITIES		Not Inspected			
8.16.2.29 H SAFETY COMPLIANCE			Not Inspected		
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES					
8.16.2.29 J PETS			Not Inspected		

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.

Signature

03/05/2018

Surveyor:Nicholas Conde

03/05/2018

Date

Facility Rep:Natasha Mackey

Survey Report Form

Date