

Center Name: aba Cibola House School			Address: 12234 Highway 14 North Cedar Crest, NM 87008				Phone: (505)453-6500				
License Number:	Issue Date:	Expiration I	Date:	Туре:				Status:			
148020	05/14/2016	05/13/2017	2 Star Child Care Center				Licensed				
Capacity											
Over Age 2: 20	Under Age 2:	0 Night	Care:	0	Playground:	20	Ove	er 2: 11	Und	der 2:	0
Days and Hours of Operation											
	<u>Monday</u>	Tuesda	<u>y</u> <u>W</u>	ednesday	Thurso	la <u>y</u>	Fri	<u>day</u>	Saturday		<u>Sunday</u>
Opening Times:	08:30 AM	08:30 AI	M (08:30 AM	08:30 A	AM	08:3	0 AM	Closed		Closed
Closing Times:	05:30 PM	05:30 PI	M (05:30 PM	05:30 F	PM	05:3	0 PM			
# of Classrooms:	Р	urpose:			Date:			Т	ime:		
2 Annual			04/18/2017				10:30 AM				
Comments	•				•			•			

Licensure				
8.16.2.11 A TYPES OF LICENSES	Not Inspecte			
8.16.2.11 B RENEWAL OF LICENSE	Not Inspecte			
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspecte			
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspecte			
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Not Inspecte			
8.16.2.18 D COMPLAINTS	Not Inspecte			
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspecte			
8.16.2.21 B CAPACITY OF CENTERS Deficiencies The center failed to post classroom capacities, and ratios and group sizes in an area of the room that is easily visible to parents, staff and visitors. Regulation: 8.16.2.21B(3)(c) Corrective Action Plan The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors. Date to be Completed: 05/18/2017	Non-compliand			
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspecte			
Administrative Requirements				
8.16.2.22 A ADMINISTRATION RECORDS	Compliano			
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Complianc			
8.16.2.22 C POLICY AND PROCEDURES	Non-compliand			

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Center Name:	License Number:	Date:
aba Cibola House School	148020	04/18/2017

Administrative Requirements

Deficiencies

The center did not have available for review written policies and procedures covering expulsion of children.

Regulation: 8.16.2.22C(1)-(8)

Corrective Action Plan

The center will complete written policies and procedures for the missing area(s).

Date to be Completed: 05/18/2017

Deficiencies

The program does not have an up to date emergency evacuation and disaster preparedness plan approved by the department.

Regulation: 8.16.2.22C(8)

Corrective Action Plan

An emergency evacuation and disaster preparedness plan will be developed.

Date to be Completed: 05/18/2017

8.16.2.22 E CHILDREN'S RECORDS 8.16.2.22 F PERSONNEL RECORDS Pefficiencies From the review of staff records, it was determined that 2 out of 2 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. Regulation: 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22 form for staff who need a current plan and sign the plan . The plan will be maintained on file. Date to be Completed: 05/18/2017 8.16.2.23 A PERSONNEL HANDBOOK Personnel & Staffing 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS Compliance Personnel & Staffing 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING Defficiencies From the review of staff records, it was determined that 2 out of 2 staff working more than 20 hours a week, has/have no documentation of at least 24 hours of qualified annual training, See Staff Records 8.16.2.225 form for staff with missing documentation of training. Regulation: 8.16.2.380(2)(0) Corrective Action Plan Annual training will be completed as required and documentation retained on file. Date to be Completed: 05/18/2017 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES Compliance Services & Care of Children 8.16.2.24 A GUIDANCE Compliance	8.16.2.22 D FAMILY HANDBOOK	Compliance		
Personnel & Staffing 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES From the review of staff records, it was determined that 2 out of 2 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. Regulation: 8.16.2.22F(1)(n) Corrective Action Plan The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file. Date to be Completed: 05/18/2017 8.16.2.23 G PERSONNEL HANDBOOK Compliance Personnel & Staffing 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING Deficiencies From the review of staff records, it was determined that 2 out of 2 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. Regulation: 8.16.2.23B(2)(d) Corrective Action Plan Annual training will be completed as required and documentation retained on file. Date to be Completed: 05/18/2017 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES Compliance	8.16.2.22 E CHILDREN'S RECORDS	Compliance		
Personnel & Staffing 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS Compliance 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING Non-compliance Deficiencies From the review of staff records, it was determined that 2 out of 2 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. Regulation: 8.16.2.23B(2)(d) Corrective Action Plan Annual training will be completed as required and documentation retained on file. Date to be Completed: 05/18/2017 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES Compliance	Deficiencies From the review of staff records, it was determined that 2 out of 2 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. Regulation: 8.16.2.22F(1)(n) Corrective Action Plan The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file.	Non-compliance		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS Compliance 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING Deficiencies From the review of staff records, it was determined that 2 out of 2 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. Regulation: 8.16.2.23B(2)(d) Corrective Action Plan Annual training will be completed as required and documentation retained on file. Date to be Completed: 05/18/2017 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES Compliance	8.16.2.22 G PERSONNEL HANDBOOK	Compliance		
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Services & Care of Children	<u>Deficiencies</u> From the review of staff records, it was determined that 2 out of 2 staff working more than 20 hours a week, has/have no documentation of at least 24 hours of qualified annual training,	Non-compliance		
	Corrective Action Plan Annual training will be completed as required and documentation retained on file.			
8.16.2.24 A GUIDANCE Compliance	Corrective Action Plan Annual training will be completed as required and documentation retained on file. Date to be Completed: 05/18/2017	Compliance		
	Corrective Action Plan Annual training will be completed as required and documentation retained on file. Date to be Completed: 05/18/2017 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Compliance		

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Center Name:	License Number:	Date:			
aba Cibola House School	148020	04/18/2017			
Services & Care of Children					
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 NEI	EDS		N/A		
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, WADING 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			N/A		
8.16.2.25 D KITCHENS	Compliance				
8.16.2.25 E MEAL TIMES			Compliance		
Health & Safety Re	equirements	'			
8.16.2.26 A HYGIENE			Compliance		
8.16.2.26 B FIRST AID REQUIREMENTS	Compliance				
8.16.2.26 C MEDICATION			N/A		
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	Not Inspected				
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	N/A				
Buildings, Ground	ds & Safety				
8.16.2.29 A HOUSEKEEPING	ao a caloty		Compliance		
8.16.2.29 B PEST CONTROL			Compliance		
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			Non-compliance		
<u>Deficiencies</u>			rten dempilande		
The center does not have emergency lighting that turns on automaticall service is disrupted. The emergency lights could not be checked due to they are located on top of a shelve. Regulation: 8.16.2.29E(2)					
Corrective Action Plan Emergency lighting will be installed. Date to be Completed: 05/18/2017					

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Center Name:	License Number:	Date:			
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Buildings, Grounds & Safety					
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		
<u>Deficiencies</u>					
The center does not have verification of an annual fire inspection from					
having jurisdiction.					
Regulation: 8.16.2.29H(3)(e)					
Corrective Action Plan					
An annual fire inspection will be requested from the fire authority havin					
center.					
Date to be Completed: 05/18/2017					
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUG	S AND CONTROLLED SUBS	STANCES	Compliance		
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.

04/18/2017

Date

04/18/2017

Date

Surveyor:Lucille Mizner Survey Report Form Page 4 of 4

Facility Rep: Allison Webster