



<b>Center Name:</b> Peanut Butter&Jelly Family Svcs			<b>Address:</b> 255A Camino Del Pueblo Bernalillo, NM 87004			<b>Phone:</b> (505)867-2356		
<b>License Number:</b> 90433	<b>Issue Date:</b> 12/17/2016	<b>Expiration Date:</b> 12/16/2017	<b>Type:</b> 2 Star Child Care Center			<b>Status:</b> Licensed		
<b>Capacity</b> Over Age 2: 34    Under Age 2: 10    Night Care: 0    Playground: 44						<b>Census</b> Over 2: 0    Under 2: 0		
<b>Days and Hours of Operation</b>								
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	
Opening Times:	Closed	09:00 AM	09:00 AM	09:00 AM	Closed	Closed	Closed	
Closing Times:		01:00 PM	01:00 PM	01:00 PM				
<b># of Classrooms:</b> 2		<b>Purpose:</b> Semi-Annual		<b>Date:</b> 04/19/2017		<b>Time:</b> 11:00 AM		
<b>Comments</b>								

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

### Licensure

8.16.2.11 A TYPES OF 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 LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspected
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Compliance
8.16.2.18 D COMPLAINTS	Not Inspected
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspected
<b>8.16.2.21 B CAPACITY OF CENTERS</b> <u>Deficiencies</u> The center failed to post classroom capacities, and ratios and <u>group sizes</u> in an area of the room that is easily visible to parents, staff and visitors. <b>Regulation:</b> 8.16.2.21B(3)(c) <u>Corrective Action Plan</u> The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors. <b>Date to be Completed:</b> 05/19/2017	Non-compliance
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected

### Administrative Requirements

8.16.2.22 A ADMINISTRATION RECORDS	Non-compliance
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<b>Center Name:</b> Peanut Butter&Jelly Family Svcs	<b>License Number:</b> 90433	<b>Date:</b> 04/19/2017
<b>Administrative Requirements</b>		
<p><b><u>Deficiencies</u></b></p> <p>The center failed to display in a prominent place that is readily visible to parents, staff and visitors the current child care regulations; current list of notifiable diseases and communicable diseases published by the office of epidemiology of the New Mexico department of health. Left provider with updated notifiable diseases list.</p> <p><b>Regulation:</b> 8.16.2.22A</p> <p><b><u>Corrective Action Plan</u></b></p> <p>The center will post the missing item.</p> <p><b>Date to be Completed:</b> 05/19/2017</p>		
<b>8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT</b>		Not Inspected
<p><b>8.16.2.22 C POLICY AND PROCEDURES</b></p> <p><b><u>Deficiencies</u></b></p> <p>The center did not have available for review written policies and procedures covering expulsion of children.</p> <p><b>Regulation:</b> 8.16.2.22C(1)-(8)</p> <p><b><u>Corrective Action Plan</u></b></p> <p>The center will complete written policies and procedures for the missing area(s).</p> <p><b>Date to be Completed:</b> 05/19/2017</p> <p><b><u>Deficiencies</u></b></p> <p>The program does not have an up to date emergency evacuation and disaster preparedness plan approved by the department.</p> <p><b>Regulation:</b> 8.16.2.22C(8)</p> <p><b><u>Corrective Action Plan</u></b></p> <p>An emergency evacuation and disaster preparedness plan will be developed.</p> <p><b>Date to be Completed:</b> 05/19/2017</p>		Non-compliance
<b>8.16.2.22 D FAMILY HANDBOOK</b>		Not Inspected
<p><b>8.16.2.22 E CHILDREN'S RECORDS</b></p> <p><b><u>Deficiencies</u></b></p> <p>Of the 5 children's records reviewed, 2is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.22 form for the child(ren) with no immunization/exemption.</p> <p><b>Regulation:</b> 8.16.2.22E(1)(e)</p> <p><b><u>Corrective Action Plan</u></b></p> <p>Parents will be advised to submit a complete and up-to-date immunization record or exemption. The center will review all children's records to ensure complete information is on file.</p> <p><b>Date to be Completed:</b> 05/19/2017</p>		Non-compliance

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<b>Administrative Requirements</b>		
<p><b><u>Deficiencies</u></b> Of the 5 children's records reviewed, 3 is/are missing the name and telephone number of two people in the local area to contact in an emergency when a parent or guardian cannot be reached. See Children's Records 8.16.2.22 form for the child(ren) with missing information. <b>Regulation:</b> 8.16.2.22E(2)(b)</p> <p><b><u>Corrective Action Plan</u></b> Parents will be advised to review and add missing information. The center will review all children's records to ensure up-to-date emergency contact information is on file. <b>Date to be Completed:</b> 05/19/2017</p> <p><b><u>Deficiencies</u></b> Of the 5 children's records reviewed, 1 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.22 form for the child(ren) with missing information. <b>Regulation:</b> 8.16.2.22E(2)(c)</p> <p><b><u>Corrective Action Plan</u></b> Parents will be advised to review and add missing information. The center will review all children's records to ensure contact information for a physician or medical center is on file. <b>Date to be Completed:</b> 05/19/2017</p>		
<p><b>8.16.2.22 F PERSONNEL RECORDS</b></p> <p><b><u>Deficiencies</u></b> The center failed to have 3 out of 8 person(s) providing care to sign an annual statement that they have, or have never had, an arrest or substantiated referral to a child protective services agency. See Staff Records 8.16.2.22 form for staff with this missing information. <b>Regulation:</b> 8.16.2.22F(1)(f)</p> <p><b><u>Corrective Action Plan</u></b> The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction. <b>Date to be Completed:</b> 05/19/2017</p> <p><b><u>Deficiencies</u></b> From the review of staff records, it was determined that 7 out of 8 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. <b>Regulation:</b> 8.16.2.22F(1)(n)</p> <p><b><u>Corrective Action Plan</u></b> The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file. <b>Date to be Completed:</b> 05/19/2017</p>		Non-compliance

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<b>Administrative Requirements</b>		
<p><b><u>Deficiencies</u></b>          From the review of staff records, it was determined that 2 out of 8 staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information. One educator clearance has exceeded 5 years.  <b>Regulation:</b> 8.16.2.22F(1)(e)</p> <p><b><u>Corrective Action Plan</u></b>          The center will obtain documentation of a background check.  <b>Date to be Completed:</b> 05/19/2017</p>		
<b>8.16.2.22 G PERSONNEL HANDBOOK</b>	Not Inspected	
<b>Personnel &amp; Staffing</b>		
<b>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</b>	Compliance	
<b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b> <p><b><u>Deficiencies</u></b>          Educators did not complete the following training within 3-months: first aid and cardiopulmonary resuscitation (CPR) certification; Health and Safety Training  <b>Regulation:</b> 8.16.2.23B(2)(b)</p> <p><b><u>Corrective Action Plan</u></b>          All educators, regardless of the number of hours per week, will complete the above listed training.</p> <p>The following staff members need to complete the required training: All educators will complete the Health &amp; Safety training and 6 need to be recertified in FA/CPR  <b>Date to be Completed:</b> 05/19/2017</p>	Non-compliance	
<b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>	Compliance	
<b>Services &amp; Care of Children</b>		
<b>8.16.2.24 A GUIDANCE</b>	Compliance	
<b>8.16.2.24 B NAPS OR REST PERIOD</b>	Compliance	
<b>8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS</b>	Compliance	
<b>8.16.2.24 D DIAPERING AND TOILETING</b>	Compliance	
<b>8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS</b>	Compliance	
<b>8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE</b>	N/A	
<b>8.16.2.24 G PHYSICAL ENVIRONMENT</b>	Not Inspected	
<b>8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>	Not Inspected	
<b>8.16.2.24 I EQUIPMENT AND PROGRAM</b>	Not Inspected	
<b>8.16.2.24 J OUTDOOR PLAY AREAS</b>	Compliance	
<b>8.16.2.24 K SWIMMING, WADING AND WATER</b>	Not Inspected	
<b>8.16.2.24 L FIELD TRIPS</b>	Not Inspected	
<b>Food Service</b>		
<b>8.16.2.25 B MEALS AND SNACKS</b>	Compliance	
<b>8.16.2.25 C MENUS</b>	Compliance	

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<b>Food Service</b>		
8.16.2.25 D KITCHENS	Compliance	
8.16.2.25 E MEAL TIMES	Compliance	
<b>Health &amp; Safety Requirements</b>		
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	Compliance	
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	Not Inspected	
<b>Buildings, Grounds &amp; Safety</b>		
8.16.2.29 A HOUSEKEEPING	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	Compliance	
8.16.2.29 F EXITS AND WINDOWS	Compliance	
8.16.2.29 G TOILET AND BATHING FACILITIES	Compliance	
<b>8.16.2.29 H SAFETY COMPLIANCE</b>  <u><b>Deficiencies</b></u> The center failed to conduct an emergency preparedness practice drills for at least once a quarter. <b>Regulation:</b> 8.16.2.29H(1)  <u><b>Corrective Action Plan</b></u> A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year. <b>Date to be Completed:</b> 05/19/2017  <u><b>Deficiencies</b></u> The center does not have verification of an annual fire inspection from the fire authority having jurisdiction. Last dated inspection 2/9/16. <b>Regulation:</b> 8.16.2.29H(3)(e)  <u><b>Corrective Action Plan</b></u> An annual fire inspection will be requested from the fire authority having jurisdiction over the center. <b>Date to be Completed:</b> 05/19/2017  <u><b>Deficiencies</b></u> The center does not have documentation that a request for fire inspection had been made to the fire authority whose policy does not provide for an annual inspection of the center. <b>Regulation:</b> 8.16.2.29H(3)(e)  <u><b>Corrective Action Plan</b></u> The center will document the request date and to whom the request was made. <b>Date to be Completed:</b> 05/19/2017	Non-compliance	

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**License Number:**

90433

**Date:**

04/19/2017

**Buildings, Grounds & Safety**

**8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES**

Compliance

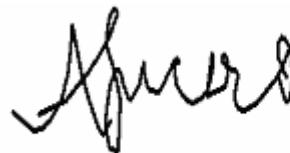
**8.16.2.29 J PETS**

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.**



04/19/2017



04/19/2017

Surveyor: Kia Kennedy

Date

Facility Rep: Venessa Misquez

Date