



Facility

Name: *Alberta Academy* **License Number:** *140896*
Address: *1115 N. California St., Socorro, NM 87801*
Phone: *5758380800* **Fax:** **E-mail:** *n/a*

License Information

Type: *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *09/19/2018* **Expiration Date:** *09/18/2019*

Capacity

Over Age 2: *50* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *27*
Square Footage: *0*

Census

Over 2: *23* **Under 2:** *0*

Classrooms

Number of Classrooms: *3*

Days and Hours of Operation

Monday <i>7:00 AM - 4:30 PM</i>	Tuesday <i>7:30 AM - 4:30 PM</i>	Wednesday <i>7:30 AM - 4:30 PM</i>	Thursday <i>7:30 AM - 4:30 PM</i>	Friday <i>7:30 AM - 4:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *01/25/2019* **Time In:** *9:00 AM* **Time Out:** *12:30 PM* **Purpose:** *Semi-Annual*

Licensure

8.16.2.11 A Types of Licenses	<i>Not Inspected</i>
8.16.2.11 B Renewal of License	<i>Not Inspected</i>
8.16.2.11 D Non-transferable Restrictions of License	<i>Not Inspected</i>
8.16.2.12 A, K, M Licensing Actions and Administrative Appeals	<i>Not Inspected</i>
8.16.2.17 E, F Surveys for Child Care Facilities	<i>Not Inspected</i>
8.16.2.18 D Complaints	<i>Not Inspected</i>

Licensure (continued)**8.16.2.21 A Licensing Requirements****Non-compliance**

The licensee did not obtain background checks on all staff members, educators, volunteers, and prospective staff as per the requirements outlined in the department's most current version of the Background Check and Employment History Verification provisions.

1 of 8 staff are not background checked prior to employment.

1 of 8 staff are not background checked every 5 years.

Corrective Action Plan

The licensee will obtain background checks on all staff members, volunteers, and prospective staff. A request for a background check must be submitted prior to a staff member's employment. A background check must be conducted in accordance with 8.8.3 NMAC at least once every five years on all required individuals.

Regulation: 8.16.2.21.A.2.

Date to be Completed: 02/24/2019

8.16.2.21 B Capacity of Centers**Non-compliance**

Center failed to post classroom capacities, ratios, and group sizes,

Corrective Action Plan:

Center will post classroom capacities, ratios, and group sizes in all classrooms

Regulation: 8.16.2.21.B.

Date to be Completed: 02/24/2019

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

Of the 5 children's records reviewed, 5 is/are missing a list of people authorized to pick up the child and an authorization form signed by the parent or guardian. See Children's Records 8.16.2.22 form for the child(ren) with missing information and/or authorization.

Corrective Action Plan

Parents will be advised to review and add missing information. The center will review all children's records to ensure complete information and authorization is on file.

Regulation: 8.16.2.22.E.1.c.

Date to be Completed: 02/24/2019

Administrative Requirements (continued)**8.16.2.22 F Personnel Records****Non-compliance**

From the review of staff records, it was determined that 4 out of 8 staff records do/does not include the staff's current and past duties and responsibilities. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will add staff's current and past duties and responsibilities to the record.

Regulation: 8.16.2.22.F.1.c.

Date to be Completed: 02/24/2019

From the review of staff records, it was determined that 4 out of 8 staff records does/do not include dates of hire and termination. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will add dates of hire and termination to the record.

Regulation: 8.16.2.22.F.1.d.

Date to be Completed: 02/24/2019

The center failed to have 5 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.

Corrective Action Plan

The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction.

Regulation: 8.16.2.22.F.1.f.

Date to be Completed: 02/24/2019

From the review of staff records, it was determined that 8 out of 8 staff records does/do not include documentation of training by date, time, hours and area of competency or a training certificate. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

The center will obtain verification of all training and retain on file.

Regulation: 8.16.2.22.F.1.h.

Date to be Completed: 02/24/2019

8.16.2.22 F Personnel Records (continued)**Non-compliance**

From the review of staff records, it was determined that 4 out of 8 staff records does/do not include signed acknowledgement that the personnel handbook had been read and understood. See Staff Records 8.16.2.22 form for staff who need to complete the acknowledgement.

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file.

Regulation: 8.16.2.22.F.1.o.

Date to be Completed: 02/24/2019

From the review of staff records, it was determined that 4 out of 8 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed.

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file.

Regulation: 8.16.2.22.F.1.p.

Date to be Completed: 02/24/2019

8.16.2.22 G Personnel Handbook*Not Inspected***Personnel & Staffing****8.16.2.23 A Personnel and Staffing Requirements***Compliance***8.16.2.23 B Staff Qualifications and Training****Non-compliance**

From the review of staff records, it was determined that 5 out of 8 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

Orientation will be completed and documented for staff noted; in the future, orientation will be completed prior to time staff begin working with children.

Regulation: 8.16.2.23.B.2.a.

Date to be Completed: 02/24/2019

From the review of staff records, it was determined that 8 out of 8 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: 02/24/2019

8.16.2.23 B Staff Qualifications and Training *(continued)*

Non-compliance

Educators did not complete the following training within 3-months: Health and Safety Training, 5 out of 8 staff

Corrective Action Plan

All educators, regardless of the number of hours per week, will complete the above listed training. The following staff members need to complete the required training:

Regulation: 8.16.2.23.B.2.b.

Date to be Completed: 02/24/2019

8.16.2.23 C Staff/Child Ratios and Group Sizes

Compliance

Services & Care of Children

8.16.2.24 A Guidance

Non-compliance

Of the 8 staffs records reviewed, 4 is/are missing a signed staff acknowledgement that the center's guidance policy had been read and understood.

Corrective Action Plan

The center will review all staffs records to ensure a signed staff acknowledgement is on file.

Regulation: 8.16.2.24.A.1.

Date to be Completed: 02/24/2019

8.16.2.24 B Naps or Rest Period

Not Inspected

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 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, Wading and Water

N/A

8.16.2.24 L Field Trips

Not Inspected

Food Service

8.16.2.25 B Meals and Snacks

Compliance

8.16.2.25 C Menus

Compliance

Food Service *(continued)*

8.16.2.25 D Kitchens	Compliance
8.16.2.25 E Meal Times	Compliance

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	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	Non-compliance

Exits are not marked with signs having letters at least six inches high and 3/4 inch wide in the 2 yr. old, 3 yr. old class room(s).

Corrective Action Plan

Exit signs that meet requirements will be placed at all exits.

Regulation: 8.16.2.29.F.2.a.

Date to be Completed: 02/24/2019

Exit ways are obstructed and do not permit free egress from inside the center to the outside in the 2/3's class room(s).

Corrective Action Plan

Exit ways will be kept free from obstructions at all times.

Regulation: 8.16.2.29.F.3.

Date to be Completed: 02/24/2019

8.16.2.29 G Toilet and Bathing Facilities	Compliance
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Buildings, Grounds & Safety (continued)**8.16.2.29 H Safety Compliance****Non-compliance**

The center failed to conduct an emergency preparedness practice drills for at least once a quarter.

Corrective Action Plan

A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.

Regulation: 8.16.2.29.H.1.

Date to be Completed: 02/24/2019

8.16.2.29 H3(f)(i)(k) Safety Compliance**Compliance****8.16.2.29 J Pets****N/A****Additional Comments**

None

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: Mark Prizzi



Facility Representative: Diana Acosta Tara Jaramillo