

Center Name: All Saints Lutheran Church Prescho		Address: 4800 All Saints Rd NW Albuquerque, NM 87120			Phone: (505)897-2144		
License Number: 94592	Issue Date: 11/4/2016	Expiration Date: 11/3/2017	Type: 2 Star Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	53	Under Age 2:	0	Night Care:	0	Playground:	40
		Over 2:	10	Under 2:	2		
Days and Hours of Operation							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:00 AM	07:00 AM	07:00 AM	07:00 AM	07:00 AM	Closed	Closed
Closing Times:	05:00 PM	05:00 PM	05:00 PM	05:00 PM	05:00 PM		
# of Classrooms: 4	Purpose: Annual		Date: 09/06/2017		Time: 10:00 AM		
Comments							

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 <u>Deficiencies</u> The child care facility failed to submit a new application to the licensing authority before modifying information required to be stated on the license as follows: capacity. Regulation: 8.16.2.11A(3) <u>Corrective Action Plan</u> A notarized renewal application will be completed and submitted with the required fee prior to any changes being made to the current license. Date to be Completed: 10/06/2017	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	Not Inspected
8.16.2.18 D COMPLAINTS	Not Inspected
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspected
8.16.2.21 B CAPACITY OF CENTERS <u>Deficiencies</u> The center exceeded the allowable number of children stated on the license by either total or age as evidenced by center is caring for two (2) children under the age of two (2) and is not licensed to care for children for under two. Regulation: 8.16.2.21B(1) <u>Corrective Action Plan</u> The center will limit the number of children in care to the authorized capacity. Date to be Completed: 09/06/2017	Non-compliance

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Licensure		
<p><u>Deficiencies</u> The center failed to post classroom capacities, and <u>ratios and group sizes</u> in an area of the room that is easily visible to parents, staff and visitors. Regulation: 8.16.2.21B(3)(c)</p> <p><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. Date to be Completed: 10/06/2017</p>		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected	
Administrative Requirements		
<p>8.16.2.22 A ADMINISTRATION RECORDS</p> <p><u>Deficiencies</u> The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent licensing survey; current child care regulations. Regulation: 8.16.2.22A</p> <p><u>Corrective Action Plan</u> The center will post the missing item. Date to be Completed: 10/06/2017</p>	Non-compliance	
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance	
<p>8.16.2.22 C POLICY AND PROCEDURES</p> <p><u>Deficiencies</u> The center did not have available for review written policies and procedures covering expulsion of children. Regulation: 8.16.2.22C(1)-(8)</p> <p><u>Corrective Action Plan</u> The center will complete written policies and procedures for the missing area(s). Date to be Completed: 10/06/2017</p> <p><u>Deficiencies</u> 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)</p> <p><u>Corrective Action Plan</u> An emergency evacuation and disaster preparedness plan will be developed. Date to be Completed: 10/06/2017</p>	Non-compliance	
8.16.2.22 D FAMILY HANDBOOK	Compliance	
8.16.2.22 E CHILDREN'S RECORDS	Non-compliance	

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Administrative Requirements

Deficiencies

Of the 5 children's records reviewed, 1 is/are missing the date the child first attended the center. See Children's Records 8.16.2.22 form for the child(ren) with missing information and/or authorization.

Regulation: 8.16.2.22E(1)(d)

Corrective Action Plan

The first attendance date will be added and the center will review all children's records to ensure complete information is on file.

Date to be Completed: 10/06/2017

Deficiencies

Of the 5 children's records reviewed, 1 is/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.

Regulation: 8.16.2.22E(1)(e)

Corrective Action Plan

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.

Date to be Completed: 10/06/2017

Deficiencies

Of the 5 children's records reviewed, 1 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.

Regulation: 8.16.2.22E(2)(b)

Corrective Action Plan

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.

Date to be Completed: 10/06/2017

8.16.2.22 F PERSONNEL RECORDS

Deficiencies

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed.

Regulation: 8.16.2.22F(1)(P)

Corrective Action Plan

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

Date to be Completed: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 3 staff having direct contact with the children, does/do not have a complete file as required in 8.16.2.22F. See Staff Records 8.16.2.22 form for staff with an incomplete file.

Regulation: 8.16.2.22F(1)

Corrective Action Plan

The program will complete a file for each staff including substitutes and volunteers.

Date to be Completed: 10/06/2017

Non-compliance

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Administrative Requirements**Deficiencies**

From the review of staff records, it was determined that 1 out of 3 staff does/do not have complete information required in 8.16.2.22F.(1)(a) as follows: the staff name, address and telephone number. See Staff Records 8.16.2.22 form for staff with missing information.

Regulation: 8.16.2.22F(1)(a)

Corrective Action Plan

The center will have staff complete required information.

Date to be Completed: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include the staff's position. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(b)

Corrective Action Plan

The center will add the position to the record.

Date to be Completed: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 3 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.

Regulation: 8.16.2.22F(1)(c)

Corrective Action Plan

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

Date to be Completed: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 3 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.

Regulation: 8.16.2.22F(1)(d)

Corrective Action Plan

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

Date to be Completed: 10/06/2017

Deficiencies

The center failed to have 2 out of 3 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.

Regulation: 8.16.2.22F(1)(f)

Corrective Action Plan

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

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Date:

09/06/2017

Administrative Requirements**Deficiencies**

From the review of staff records, it was determined that 3 out of 3 staff records does/do not include documentation of current first-aid and cardiopulmonary resuscitation training. See Staff Records 8.16.2.22 form for staff without verification of training.

Regulation: 8.16.2.22F(1)(g)

Corrective Action Plan

The center will obtain documentation of first-aid and CPR training and retain on file.

Date to be Completed: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 3 out of 3 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.

Regulation: 8.16.2.22F(1)(h)

Corrective Action Plan

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

Date to be Completed: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include an emergency contact number. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(i)

Corrective Action Plan

The center will have staff complete required information.

Date to be Completed: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 2 out of 3 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: 10/06/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 3 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.

Regulation: 8.16.2.22F(1)(o)

Corrective Action Plan

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

Date to be Completed: 10/06/2017

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Administrative Requirements	
<p><u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 3 staff records does/do not include the required Form I-9. See Staff Records 8.16.2.22 form for staff missing the form. Regulation: 8.16.2.22F(1)(q)</p> <p><u>Corrective Action Plan</u> The center will obtain Form I-9s from all staff and maintain them in their personnel files. Date to be Completed: 10/06/2017</p>	

8.16.2.22 G PERSONNEL HANDBOOK	Compliance
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Personnel & Staffing	
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance

<p>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</p> <p><u>Deficiencies</u> Educators did not complete the following training within 3-months: Health and Safety Training Regulation: 8.16.2.23B(2)(b)</p> <p><u>Corrective Action Plan</u> 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: Date to be Completed: 10/06/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 3 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation. Regulation: 8.16.2.23B(2)(a)</p> <p><u>Corrective Action Plan</u> Orientation will be completed and documented for staff noted; in the future, orientation will be completed prior to time staff begin working with children. Date to be Completed: 10/06/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 3 staff does/do not have documentation of the 45-hour entry level course or an approved equivalent prior to or within six months of employment. Regulation: 8.16.2.23B(2)(c)</p> <p><u>Corrective Action Plan</u> Training will be completed for staff as required and documentation retained on file. Date to be Completed: 10/06/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 3 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)</p> <p><u>Corrective Action Plan</u> Annual training will be completed as required and documentation retained on file. Date to be Completed: 10/06/2017</p>	Non-compliance
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Personnel & Staffing

Deficiencies

The center failed to keep a training log on file with Employee's name; Date of hire; Position; Date of training; Clock hours; Competency area; Source of training; Training certificate for 3 out of 3 staff. See Staff Records 8.16.2.22 form for staff who are missing a complete training log.

Regulation: 8.16.2.23B(2)(l)

Corrective Action Plan

A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificate.

Date to be Completed: 10/06/2017

8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES

Compliance

Services & Care of Children

8.16.2.24 A GUIDANCE

Non-compliance

Deficiencies

Of the 3 staff's records reviewed, 1 is/are missing a signed staff acknowledgement that the center's guidance policy had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Regulation: 8.16.2.24A(1)

Corrective Action Plan

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

Date to be Completed: 10/06/2017

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

N/A

8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS

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

N/A

8.16.2.25 E MEAL TIMES

Compliance

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Health & Safety Requirements		
8.16.2.26 A HYGIENE		Compliance
8.16.2.26 B FIRST AID REQUIREMENTS <u>Deficiencies</u> The center does not have on duty all educators currently certified in first aid and cardiopulmonary resuscitation (CPR). Regulation: 8.16.2.26B(1) <u>Corrective Action Plan</u> All educators must be certified in first aid and cardiopulmonary resuscitation (CPR). Date to be Completed: 09/22/2017		Non-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, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING <u>Deficiencies</u> The premises in the playground are not safe in that there are two loose steps and a bolt protruding from one of the steps on the playground. Regulation: 8.16.2.29A(1) <u>Corrective Action Plan</u> The safety violation will be corrected and a system for routine safety inspection developed. Date to be Completed: 10/06/2017		Non-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 <u>Deficiencies</u> A self-contained room for 2 yr. olds does not have one sink with hot and cold running water; one toilet. Regulation: 8.16.2.29G(1) <u>Corrective Action Plan</u> A sink; toilet will be added. Date to be Completed: 09/06/2017		Non-compliance
8.16.2.29 H SAFETY COMPLIANCE		Non-compliance

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Buildings, Grounds & Safety

Deficiencies

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

Regulation: 8.16.2.29H(1)

Corrective Action Plan

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

Date to be Completed: 10/06/2017

Deficiencies

The center failed to conduct a fire drill for the month(s) of May; August.

Regulation: 8.16.2.29H(2)

Corrective Action Plan

A monthly fire drill will be held and recorded.

Date to be Completed: 10/06/2017

Deficiencies

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

Regulation: 8.16.2.29H(3)(e)

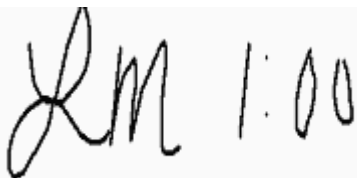
Corrective Action Plan

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

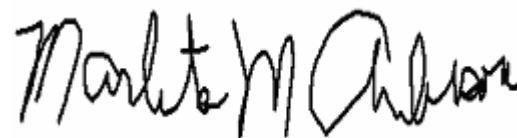
Date to be Completed: 10/06/2017

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.



09/06/2017



09/06/2017

Surveyor: Lucille Mizner	Date	Facility Rep: Marleta Anderson	Date
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