



Center Name: Asbury United Methodist Church			Address: 10000 Candelaria N.E. Albuquerque, NM 87112			Phone: (505)294-0106		
License Number: 94589	Issue Date: 05/21/2016	Expiration Date: 05/20/2017	Type: 2 Star Child Care Center			Status: Licensed		
Capacity Over Age 2: 34 Under Age 2: 10 Night Care: 0 Playground: 25						Census Over 2: 11 Under 2: 6		
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:	08:00 AM	08:00 AM	08:00 AM	08:00 AM	08:00 AM	Closed	Closed	
Closing Times:	05:00 PM	05:00 PM	05:00 PM	05:00 PM	05:00 PM			
# of Classrooms: 2		Purpose: Annual		Date: 04/18/2017		Time: 12:00 PM		
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	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 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. Regulation: 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. Date to be Completed: 05/18/2017	Non-compliance
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected

Administrative Requirements

8.16.2.22 A ADMINISTRATION RECORDS	Compliance
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance
8.16.2.22 C POLICY AND PROCEDURES	Non-compliance

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Administrative Requirements		
<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: 05/18/2017</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: 05/18/2017</p>		
8.16.2.22 D FAMILY HANDBOOK		Compliance
<p>8.16.2.22 E CHILDREN'S RECORDS</p> <p><u>Deficiencies</u> Of the 5children's records reviewed, 2 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)</p> <p><u>Corrective Action Plan</u> 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: 05/18/2017</p> <p><u>Deficiencies</u> Of the 5 children's records reviewed, 5 is/are missing a signed parent or guardian acknowledgement that the parent handbook had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing. Regulation: 8.16.2.22E(1)(l)</p> <p><u>Corrective Action Plan</u> Parents will be advised to complete the statement. The center will review all children's records to ensure a signed acknowledgement is on file. Date to be Completed: 05/18/2017</p> <p><u>Deficiencies</u> Of the5 children's records reviewed, 5 is/are missing information on allergies or medical conditions. See Children's Records 8.16.2.22 form for the child(ren) with missing information. Regulation: 8.16.2.22E(2)(a)</p> <p><u>Corrective Action Plan</u> Parents will be advised to review and add missing information. The center will review all records to ensure information regarding allergies and medical conditions is on file. Date to be Completed: 05/18/2017</p>		Non-compliance
8.16.2.22 F PERSONNEL RECORDS		Non-compliance

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Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 2 out of 5 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: 05/18/2017

Deficiencies

From the review of staff records, it was determined that 2 out of 5 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: 05/18/2017

Deficiencies

The center failed to have 1 out of 5 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.

Date to be Completed: 05/18/2017

Deficiencies

From the review of staff records, it was determined that 3 out of 5 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: 05/18/2017

Deficiencies

From the review of staff records, it was determined that 2 out of 5 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

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Administrative Requirements		
<p><u>Deficiencies</u> From the review of staff records, it was determined that 5 out of 5 staff records does/do not include a dated weekly work schedule that includes the time of arrival and departure and breaks and lunch. See Staff Records 8.16.2.22 form for staff who need to have a work schedule. Regulation: 8.16.2.22F(2)</p> <p><u>Corrective Action Plan</u> The center will add the work schedule and maintain dated weekly work schedules for the director, all staff, all care givers and volunteers. Date to be Completed: 05/18/2017</p>		
8.16.2.22 G PERSONNEL HANDBOOK	Compliance	
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: 05/18/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 5 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: 05/18/2017</p>	Non-compliance	
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Compliance	
Services & Care of Children		
<p>8.16.2.24 A GUIDANCE</p> <p><u>Deficiencies</u> Of the 5 children's records reviewed, 5 is/are missing a signed parent or guardian 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)</p> <p><u>Corrective Action Plan</u> The center will review all children's records to ensure a signed parent or guardian acknowledgement is on file. Date to be Completed: 05/18/2017</p>	Non-compliance	
8.16.2.24 B NAPS OR REST PERIOD	Compliance	

Center Name: Asbury United Methodist Church	License Number: 94589	Date: 04/18/2017
Services & Care of Children		
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliance	
8.16.2.24 D DIAPERING AND TOILETING	Compliance	
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 <u>Deficiencies</u> The center did not post the daily activity schedule.In the infant room. Regulation: 8.16.2.24I(8) <u>Corrective Action Plan</u> The center will begin posting their daily activities schedules and following them. Date to be Completed: 05/18/2017	Non-compliance	
8.16.2.24 J OUTDOOR PLAY AREAS <u>Deficiencies</u> The playground equipment isn't inspected weekly. Regulation: 8.16.2.24J(4) <u>Corrective Action Plan</u> The facility will hold weekly inspections of their playground equipment. Date to be Completed: 05/18/2017	Non-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 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	Not Inspected	
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	N/A	
Buildings, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING	Non-compliance	

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Buildings, Grounds & Safety

Deficiencies

The block Shelf has a heavy accumulation of storage files stored on top of shelf.

Regulation: 8.16.2.29A(1)

Corrective Action Plan

A routine will be established to assess all areas of the premises for cleanliness, safety and potential hazards.

Date to be Completed: 05/18/2017

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
8.16.2.29 H SAFETY COMPLIANCE <u>Deficiencies</u> The center failed to conduct a fire drill for the month(s) of March. Regulation: 8.16.2.29H(2) <u>Corrective Action Plan</u> A monthly fire drill will be held and recorded. Date to be Completed: 05/25/2017	Non-compliance
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.



04/18/2017



04/18/2017

Surveyor: Lucille Mizner	Date	Facility Rep: Vesta Major	Date
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