



Facility

Name: *Building Blocks Learning Center* **License Number:** *157415*
Address: *301 West Reinken Ave, Belen, NM 87002*
Phone: *5058646131* **Fax:** **E-mail:** *jamie.tlcdc@gmail.com*

License Information

Type: *3 Star FOCUS Child Care Center* **Status:** *Licensed* **Issue Date:** *06/01/2017* **Expiration Date:** *05/31/2018*

Capacity

Over Age 2: *118* **Under Age 2:** *39* **Night Care:** *0* **Playground:** *70*
Square Footage: *0*

Census

Over 2: *36* **Under 2:** *9*

Classrooms

Number of Classrooms: *6*

Days and Hours of Operation

Monday <i>6:00 AM - 6:30 PM</i>	Tuesday <i>6:00 AM - 6:30 PM</i>	Wednesday <i>6:00 AM - 6:30 PM</i>	Thursday <i>6:00 AM - 6:30 PM</i>	Friday <i>6:00 AM - 6:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *03/23/2018* **Time In:** *9:30 AM* **Time Out:** *1:30 PM* **Purpose:** *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 13 staff 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.

Date to be Completed: 04/22/2018

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

*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. Infant and 3's missing group sizes and 4/5's and 1's missing capacity*

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: 04/22/2018

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***Compliance***8.16.2.22 C Policy and Procedures***Compliance***8.16.2.22 D Family Handbook***Compliance***8.16.2.22 E Children's Records***Compliance***8.16.2.22 F Personnel Records****Non-compliance**

From the review of staff records, it was determined that 2 out of 13 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.

Date to be Completed: 04/22/2018

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

The center failed to have 7 out of 13 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.

Date to be Completed: 04/22/2018

8.16.2.22 G Personnel Handbook

Compliance

Personnel & Staffing**8.16.2.23 A Personnel and Staffing Requirements****Non-compliance**

In the absence of the director, the center does not have a notice posted naming the person designated to be in charge.

Corrective Action Plan

In the director's absence, a person will be assigned to be in charge and a notice to that affect will be posted.

Date to be Completed: 04/22/2018

8.16.2.23 B Staff Qualifications and Training**Non-compliance**

From the review of staff records, it was determined that 3 out of 13 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.

Corrective Action Plan

Training will be completed for staff as required and documentation retained on file.

Date to be Completed: 04/22/2018

From the review of staff records, it was determined that 1 out of 13 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.

Date to be Completed: 04/22/2018

8.16.2.23 C Staff/Child Ratios and Group Sizes

Compliance

Services & Care of Children

- 8.16.2.24 A Guidance Compliance
- 8.16.2.24 B Naps or Rest Period Compliance
- 8.16.2.24 C Additional Requirements for Infants and Toddlers **Non-compliance**

Pillows are used in cribs.

Corrective Action Plan

Staff will be instructed to not place any pillows in cribs.

Date to be Completed: 04/22/2018

- 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 **Non-compliance**

The playground equipment isn't inspected weekly.

Corrective Action Plan

The facility will hold weekly inspections of their playground equipment.

Date to be Completed: 04/22/2018

- 8.16.2.24 K Swimming, Wadding 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
- 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

Health & Safety Requirements (continued)**8.16.2.26 B First Aid Requirements****Non-compliance**

The center does not have on duty all educators currently certified in first aid and cardiopulmonary resuscitation (CPR). 1 of 13 staff

Corrective Action Plan

All educators must be certified in first aid and cardiopulmonary resuscitation (CPR).

Date to be Completed: 04/22/2018

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

Compliance

Buildings, Grounds & Safety**8.16.2.29 A Housekeeping****Non-compliance**

The infant room freezer has a heavy accumulation of ice/frost.

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: 04/22/2018

The Fixtures are not in good repair as evidenced by light flickering in the infant room

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Date to be Completed: 04/22/2018

The Equipment are not in good repair as evidenced by torn sleeping mats.

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Date to be Completed: 04/22/2018

8.16.2.29 A Housekeeping (continued)**Non-compliance**

The Equipment are not in good repair as evidenced by mini blinds broken in the 1's room.

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Date to be Completed: 04/22/2018

The Equipment are not in good repair as evidenced by broken soap dispenser in the 3's room.

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Date to be Completed: 04/22/2018

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**

Electrical outlets within reach of children in the school age room are not safety outlets and they do not have protective covers.

Corrective Action Plan

Protective covers will be added.

Date to be Completed: 04/22/2018

8.16.2.29 F Exits and Windows**Non-compliance**

Exit ways are obstructed and do not permit free egress from inside the center to the outside in the Infant - (6 wk. - 12 mo.) class room(s). Crib blocking emergency exit

Corrective Action Plan

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

Date to be Completed: 04/22/2018

8.16.2.29 G Toilet and Bathing Facilities**Non-compliance**

The bathroom for boys hallway and 1's room is not accessible. Restrooms being used for storage

Corrective Action Plan

The center will make necessary changes to the bathroom to ensure it is accessible and functional.

(continued)

Date to be Completed: 04/22/2018

8.16.2.29 H Safety Compliance**Non-compliance**

The list of emergency telephone numbers did not include a phone number for fire, police, ambulance and the poison control center programmed into or labeled onto all cordless phones.

Corrective Action Plan

A complete list of emergency phone numbers will be posted next to the phone or on the phone itself if a cordless phone is used.

Date to be Completed: 04/22/2018

The center does not have verification of an annual fire inspection from the fire authority having jurisdiction. Expired 3-15-2018

Corrective Action Plan

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

Date to be Completed: 04/22/2018

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.

Date to be Completed: 04/22/2018

8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances*Compliance***8.16.2.29 J Pets***Compliance***Additional Comments**

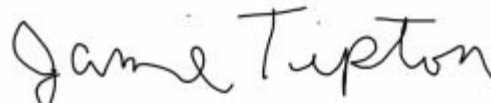
2 staff require new background checks in August 2018

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: Jamie Tipton

