



Facility

Name: CABQ MacArthur Early Head Start **License Number:** 99487
Address: 1100 Douglas MacArthur Rd. NW, Albuquerque, NM 87107
Phone: 5057614046 **Fax:** na **E-mail:** rruiz@cabq.gov

License Information

Type: 1 Star Child Care Center **Status:** Licensed **Issue Date:** 01/26/2018 **Expiration Date:** 01/25/2019

Capacity

Over Age 2: 10 **Under Age 2:** 10 **Night Care:** 0 **Playground:** 20
Square Footage: 0

Census

Over 2: 6 **Under 2:** 4

Classrooms

Number of Classrooms: 2

Days and Hours of Operation

Monday 7:30 AM - 4:30 PM	Tuesday 7:30 AM - 4:30 PM	Wednesday 7:30 AM - 4:30 PM	Thursday 7:30 AM - null	Friday 7:30 AM - 4:30 PM
Saturday Closed	Sunday Closed			

Inspection

Date: 04/30/2018 **Time In:** 11:00 AM **Time Out:** 12:00 PM **Purpose:** Semi-Annual

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	Compliance
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	Compliance
8.16.2.22 F Personnel Records	Non-compliance

From the review of staff records, it was determined that [] out of [] 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. Old schedule 3/18, one staff person missing.

Corrective Action Plan

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: 05/30/2018

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

Corrective Action Plan

The center will add the position to the record.

Date to be Completed: 05/30/2018

From the review of staff records, it was determined that 1] out of 5] staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will obtain documentation of a background check.

Date to be Completed: 05/30/2018

From the review of staff records, it was determined that [1] out of [5] staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will obtain documentation of a background check.

Date to be Completed: 05/30/2018

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

From the review of staff records, it was determined that 1] out of 5] 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.

Date to be Completed: 05/30/2018

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

Corrective Action Plan

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

Date to be Completed: 05/30/2018

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

Date to be Completed: 05/30/2018

From the review of staff records, it was determined that 1] out of [5] 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.

Corrective Action Plan

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

Date to be Completed: 05/30/2018

From the review of staff records, it was determined that [1] out of [5] staff records does/do not include an emergency contact number. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will have staff complete required information.

Date to be Completed: 05/30/2018

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

From the review of staff records, it was determined that [1] 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.

Corrective Action Plan

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

Date to be Completed: 05/30/2018

From the review of staff records, it was determined that [1] out of [5] 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.

Date to be Completed: 05/30/2018

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 [1] out of [5] 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.

Date to be Completed: 05/30/2018

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.

Corrective Action Plan

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

Date to be Completed: 05/30/2018

8.16.2.23 B Staff Qualifications and Training *(continued)***Non-compliance**

It was observed that [1] out of [5] infant and toddler care givers failed to complete at least four hours of training in infant and toddler care annually or within six months of starting work.

Corrective Action Plan

Training in infant and toddler care will be obtained for care givers as required ; training will be documented and retained on file.

Date to be Completed: 05/30/2018

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	Compliance
8.16.2.24 D Diapering and Toileting	Compliance
8.16.2.24 E Additional Requirements for Children with Special Needs	Not Inspected
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	Not Inspected
8.16.2.24 I Equipment and Program	Compliance
8.16.2.24 J Outdoor Play Areas	Compliance
8.16.2.24 K Swimming, Wadding and Water	Not Inspected
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
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	Not Inspected
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	Compliance
8.16.2.29 G Toilet and Bathing Facilities	Compliance
8.16.2.29 H Safety Compliance	Compliance
8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	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: *Sylvia Foster*



Facility Representative: *Robellia Ruiz*

