

<b>Center Name:</b> CABQ Vincent E Griego CDC		<b>Address:</b> 1812 Candelaria NW Albuquerque, NM 87107			<b>Phone:</b> (505)342-1410			
<b>License Number:</b> 72501	<b>Issue Date:</b> 05/11/2016	<b>Expiration Date:</b> 05/10/2017	<b>Type:</b> 5 Star FOCUS Child Care Center		<b>Status:</b> Licensed			
<b>Capacity</b>					<b>Census</b>			
Over Age 2:	40	Under Age 2:	0	Night Care:	0	Playground:	40	
					Over 2:	18	Under 2:	-
<b>Days and Hours of Operation</b>								
	<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:	05:30 PM	05:30 PM	05:30 PM	05:30 PM	05:30 PM			
<b># of Classrooms:</b> 2	<b>Purpose:</b> Annual		<b>Date:</b> 03/10/2017		<b>Time:</b> 01:00 PM			
<b>Comments</b> Center obtained H & S training 10/7/16								

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	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	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  <u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 4 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)  <u>Corrective Action Plan</u> The center will have staff complete the required acknowledgement and will retain on file. Date to be Completed: 04/11/2017	Non-compliance

**Center Name:**

CABQ Vincent E Griego CDC

**License Number:**

72501

**Date:**

03/10/2017

**Administrative Requirements****Deficiencies**

From the review of staff records, it was determined that 1 out of 4 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 .no file

**Date to be Completed:** 04/11/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 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. no file on site

**Date to be Completed:** 04/10/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 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. no file on site

**Date to be Completed:** 04/11/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 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. no file

**Date to be Completed:** 04/11/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 staff records does/do not include employment history verification. See Staff Records 8.16.2.22 form for staff with this missing information.

**Regulation:** 8.16.2.22F(1)(e)

**Corrective Action Plan**

The center will complete employment history verification and retain on file. no file for this staff member on site

**Date to be Completed:** 04/11/2017

<b>Center Name:</b> CABQ Vincent E Griego CDC	<b>License Number:</b> 72501	<b>Date:</b> 03/10/2017
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### Administrative Requirements

**Deficiencies**

From the review of staff records, it was determined that 4 out of 4 staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information. 3 older than five years, one not available for review (no file for one person)

**Regulation:** 8.16.2.22F(1)(e)

**Corrective Action Plan**

The center will obtain documentation of a background check.

**Date to be Completed:** 04/10/2017

**Deficiencies**

The center failed to have 1 out of 4 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:** 04/10/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 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. no file

**Date to be Completed:** 04/11/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 staff records does/do not include an emergency contact number. See Staff Records 8.16.2.22 form for staff with this missing information. file not here

**Regulation:** 8.16.2.22F(1)(i)

**Corrective Action Plan**

The center will have staff complete required information.

**Date to be Completed:** 04/10/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 staff records does/do not include a signed universal precaution acknowledgement form. See Staff Records 8.16.2.22 form for staff with missing documentation.

**Regulation:** 8.16.2.22F(1)(j)

**Corrective Action Plan**

The center will have staff complete and sign the universal precaution acknowledgement form and will retain on file.

**Date to be Completed:** 04/11/2017

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**Date:**

03/10/2017

**Administrative Requirements****Deficiencies**

From the review of staff records, it was determined that 1 out of 4 staff records does/do not include a signed confidentiality form. See Staff Records 8.16.2.22 form for staff who need to complete a signed confidentiality form. file not her

**Regulation:** 8.16.2.22F(1)(k)

**Corrective Action Plan**

The center will have staff complete a signed confidentiality form and will retain on file .

**Date to be Completed:** 04/10/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 file not her staff records does/do not include results of the performance evaluation. See Staff Records 8.16.2.22 form for staff who need documentation of a performance evaluation .

**Regulation:** 8.16.2.22F(1)(l)

**Corrective Action Plan**

The performance evaluation will be completed and documentation retained on file.

**Date to be Completed:** 04/10/2017

**Deficiencies**

From the review of staff records, it was determined that documentation of administrative actions or reprimands was not being completed. no file for one staff

**Regulation:** 8.16.2.22F(1)(m)

**Corrective Action Plan**

The center will complete documentation of administrative actions or reprimands and retain on file.

**Date to be Completed:** 04/10/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 no file 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:** 04/11/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 4 no file 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 .no file

**Date to be Completed:** 04/11/2017

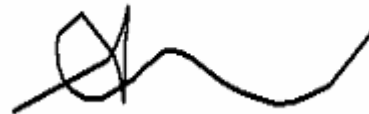
<b>Center Name:</b> CABQ Vincent E Griego CDC	<b>License Number:</b> 72501	<b>Date:</b> 03/10/2017
<b>Administrative Requirements</b>		
<p><b>Deficiencies</b> From the review of staff records, it was determined that 1 out of 4 staff records does/do not include the required Form I-9. See Staff Records 8.16.2.22 form for staff missing the form. <b>Regulation:</b> 8.16.2.22F(1)(q)</p> <p><b>Corrective Action Plan</b> The center will obtain Form I-9s from all staff and maintain them in their personnel files. <b>Date to be Completed:</b> 04/11/2017</p>		
8.16.2.22 G PERSONNEL HANDBOOK		Compliance
<b>Personnel &amp; Staffing</b>		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS		Compliance
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING		Compliance
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES		Compliance
<b>Services &amp; Care of Children</b>		
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		N/A
8.16.2.24 D DIAPERING AND TOILETING		N/A
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		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		Not Inspected
8.16.2.24 L FIELD TRIPS		Not Inspected
<b>Food Service</b>		
8.16.2.25 B MEALS AND SNACKS		Compliance
8.16.2.25 C MENUS		Compliance
<p>8.16.2.25 D KITCHENS</p> <p><b>Deficiencies</b> A leftover is not properly stored; the item is not wrapped; labeled and dated. pears on bowl not labeled, wrapped, cheese in baggie not labeled, dated <b>Regulation:</b> 8.16.2.25D(4)</p> <p><b>Corrective Action Plan</b> The person responsible for food service will be instructed in proper food storage. <b>Date to be Completed:</b> 04/10/2017</p>		Non-compliance
8.16.2.25 E MEAL TIMES		Compliance

<b>Center Name:</b> CABQ Vincent E Griego CDC	<b>License Number:</b> 72501	<b>Date:</b> 03/10/2017
<b>Health &amp; Safety Requirements</b>		
8.16.2.26 A HYGIENE		Compliance
8.16.2.26 B FIRST AID REQUIREMENTS		Compliance
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
<b>Buildings, Grounds &amp; Safety</b>		
8.16.2.29 A HOUSEKEEPING <b>Deficiencies</b> The garbage/refuse receptacle being used in the outside learning area does not have a tight fitting lid. <b>Regulation:</b> 8.16.2.29A(3) <b>Corrective Action Plan</b> The garbage can(s) will be replaced. <b>Date to be Completed:</b> 04/10/2017		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		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

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.



03/10/2017



03/10/2017

Surveyor: Sylvia Foster

Date

Facility Rep: Jeanette Medina

Date