



<b>Center Name:</b> First Fruits Christian Academy			<b>Address:</b> 500 Oliver Ross Dr. Albuquerque, NM 87121			<b>Phone:</b> (505)831-5292		
<b>License Number:</b> 138743	<b>Issue Date:</b> 03/30/2016	<b>Expiration Date:</b> 03/29/2017	<b>Type:</b> 2 Star Child Care Center			<b>Status:</b> Licensed		
<b>Capacity</b> Over Age 2: 44    Under Age 2: 16    Night Care: 0    Playground: 60						<b>Census</b> Over 2: 20    Under 2: 8		
<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:	06:45 AM	06:45 AM	06:45 AM	06:45 AM	06:45 AM	Closed	Closed	
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM			
<b># of Classrooms:</b> 6		<b>Purpose:</b> Annual		<b>Date:</b> 01/26/2017		<b>Time:</b> 10:00 AM		
<b>Comments</b>								

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
<b>8.16.2.21 A LICENSING REQUIREMENTS</b> <u>Deficiencies</u> 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 . <b>Regulation:</b> 8.16.2.21A(2) <u>Corrective Action Plan</u> 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. <b>Date to be Completed:</b> 01/26/2017	Non-compliance
<b>8.16.2.21 B CAPACITY OF CENTERS</b>	Not Inspected

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<b>Licensure</b>		
<p><b><u>Deficiencies</u></b> The center failed to post classroom capacities, and ratios and <b>group sizes</b> in an area of the room that is easily visible to parents, staff and visitors. <b>Regulation:</b> 8.16.2.21B(3)(c)</p> <p><b><u>Corrective Action Plan</u></b> The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors. <b>Date to be Completed:</b> 02/27/2017</p>		
<b>8.16.2.21 C INCIDENT REPORTING REQUIREMENTS</b>		Not Inspected
<b>Administrative Requirements</b>		
<p><b>8.16.2.22 A ADMINISTRATION RECORDS</b></p> <p><b><u>Deficiencies</u></b> The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent environmental health inspection report. <b>Regulation:</b> 8.16.2.22A</p> <p><b><u>Corrective Action Plan</u></b> The center will post the missing item. <b>Date to be Completed:</b> 02/27/2017</p>		Non-compliance
<b>8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT</b>		Compliance
<p><b>8.16.2.22 C POLICY AND PROCEDURES</b></p> <p><b><u>Deficiencies</u></b> The center did not have available for review written policies and procedures covering expulsion of children. <b>Regulation:</b> 8.16.2.22C(1)-(8)</p> <p><b><u>Corrective Action Plan</u></b> The center will complete written policies and procedures for the missing area(s). <b>Date to be Completed:</b> 02/27/2017</p> <p><b><u>Deficiencies</u></b> The program does not have an up to date emergency evacuation and disaster preparedness plan approved by the department. <b>Regulation:</b> 8.16.2.22C(8)</p> <p><b><u>Corrective Action Plan</u></b> An emergency evacuation and disaster preparedness plan will be developed. <b>Date to be Completed:</b> 02/27/2017</p>		Non-compliance
<b>8.16.2.22 D FAMILY HANDBOOK</b>		Compliance
<b>8.16.2.22 E CHILDREN'S RECORDS</b>		Compliance
<b>8.16.2.22 F PERSONNEL RECORDS</b>		Non-compliance

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### Administrative Requirements

#### **Deficiencies**

From the review of staff records, it was determined that 3 out of 7 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:** 02/27/2017

#### **Deficiencies**

From the review of staff records, it was determined that 3 out of 7 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:** 02/27/2017

#### **Deficiencies**

From the review of staff records, it was determined that 2 out of 14 staff records does/do not include a background check. 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 obtain documentation of a background check.

**Date to be Completed:** 02/27/2017

#### **Deficiencies**

From the review of staff records, it was determined that 5 out of 7 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:** 02/27/2017

#### **Deficiencies**

From the review of staff records, it was determined that 3 out of 7 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:** 02/27/2017

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<b>Administrative Requirements</b>		
<p><b><u>Deficiencies</u></b> The center failed to have 5 out of 7 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. <b>Regulation:</b> 8.16.2.22F(1)(f)</p> <p><b><u>Corrective Action Plan</u></b> The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction. <b>Date to be Completed:</b> 02/27/2017</p>		
<b>8.16.2.22 G PERSONNEL HANDBOOK</b>	Compliance	
<b>Personnel &amp; Staffing</b>		
<b>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</b>	Compliance	
<p><b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b></p> <p><b><u>Deficiencies</u></b> From the review of staff records, it was determined that 2 out of 7 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation. <b>Regulation:</b> 8.16.2.23B(2)(a)</p> <p><b><u>Corrective Action Plan</u></b> Orientation will be completed and documented for staff noted; in the future, orientation will be completed prior to time staff begin working with children. <b>Date to be Completed:</b> 02/27/2017</p>	Non-compliance	
<b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>	Compliance	
<b>Services &amp; Care of Children</b>		
<b>8.16.2.24 A GUIDANCE</b>	Compliance	
<b>8.16.2.24 B NAPS OR REST PERIOD</b>	Compliance	
<b>8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS</b>	Compliance	
<b>8.16.2.24 D DIAPERING AND TOILETING</b>	Compliance	
<b>8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS</b>	Compliance	
<b>8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE</b>	N/A	
<b>8.16.2.24 G PHYSICAL ENVIRONMENT</b>	Compliance	
<b>8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>	Compliance	
<b>8.16.2.24 I EQUIPMENT AND PROGRAM</b>	Compliance	
<b>8.16.2.24 J OUTDOOR PLAY AREAS</b>	Compliance	
<b>8.16.2.24 K SWIMMING, WADING AND WATER</b>	Not Inspected	
<b>8.16.2.24 L FIELD TRIPS</b>	Not Inspected	
<b>Food Service</b>		
<b>8.16.2.25 B MEALS AND SNACKS</b>	Compliance	

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<b>Food Service</b>		
8.16.2.25 C MENUS	Compliance	
8.16.2.25 D KITCHENS	Compliance	
8.16.2.25 E MEAL TIMES	Compliance	
<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	Compliance	
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	Compliance	
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	N/A	
<b>Buildings, Grounds &amp; Safety</b>		
8.16.2.29 A HOUSEKEEPING <u><b>Deficiencies</b></u> The Premises are not in good repair as evidenced by peeling orange paint in the two's classroom. <b>Regulation:</b> 8.16.2.29A(1) <u><b>Corrective Action Plan</b></u> Repairs will be completed and a system for routine inspection of the center and premises will be established. <b>Date to be Completed:</b> 02/27/2017 <u><b>Deficiencies</b></u> The Premises are not in good repair as evidenced by stained ceiling tiles in the one's classroom. <b>Regulation:</b> 8.16.2.29A(1) <u><b>Corrective Action Plan</b></u> Repairs will be completed and a system for routine inspection of the center and premises will be established. <b>Date to be Completed:</b> 02/27/2017	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	Compliance	

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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.

Patricia Williams 1:00

01/26/2017

Deborah Thomas

01/26/2017

Surveyor: Patricia Williams	Date	Facility Rep: Deborah Thomas	Date
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