

<b>Center Name:</b> First Steps Child Care		<b>Address:</b> 11820 Highway 337 S Tijeras, NM 87059			<b>Phone:</b> (505)286-1482		
<b>License Number:</b> 124170	<b>Issue Date:</b> 09/16/2016	<b>Expiration Date:</b> 09/15/2017	<b>Type:</b> 2 Star Child Care Center		<b>Status:</b> Licensed		
<b>Capacity</b>					<b>Census</b>		
Over Age 2:	30	Under Age 2:	14	Night Care:	0	Playground:	44
		Over 2:	15	Under 2:	10		
<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:	06:30 AM	06:30 AM	06:30 AM	06:30 AM	06:30 AM	Closed	Closed
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM		
<b># of Classrooms:</b> 4	<b>Purpose:</b> Annual		<b>Date:</b> 07/26/2017		<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
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 <b>group sizes</b> 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: 08/26/2017	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**

**Deficiencies**

The center did not have available for review written policies and procedures covering expulsion of children.

**Regulation:** 8.16.2.22C(1)-(8)

**Corrective Action Plan**

The center will complete written policies and procedures for the missing area(s).

**Date to be Completed:** 08/26/2017

**Deficiencies**

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)

**Corrective Action Plan**

An emergency evacuation and disaster preparedness plan will be developed.

**Date to be Completed:** 08/26/2017

<b>8.16.2.22 D FAMILY HANDBOOK</b>	Compliance
<p><b>8.16.2.22 E CHILDREN'S RECORDS</b></p> <p><b><u>Deficiencies</u></b></p> <p>Of the 15 children's records reviewed, 1 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.22 form for the child(ren) with no immunization/exemption.</p> <p><b>Regulation:</b> 8.16.2.22E(1)(e)</p> <p><b><u>Corrective Action Plan</u></b></p> <p>Parents will be advised to submit a complete and up-to-date immunization record or exemption. The center will review all children's records to ensure complete information is on file.</p> <p><b>Date to be Completed:</b> 08/26/2017</p> <p><b><u>Deficiencies</u></b></p> <p>Of the 15 children's records reviewed, 1 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.</p> <p><b>Regulation:</b> 8.16.2.22E(2)(a)</p> <p><b><u>Corrective Action Plan</u></b></p> <p>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.</p> <p><b>Date to be Completed:</b> 08/26/2017</p>	Non-compliance
<p><b>8.16.2.22 F PERSONNEL RECORDS</b></p> <p><b><u>Deficiencies</u></b></p> <p>From the review of staff records, it was determined that 1 out of 10 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.</p> <p><b>Regulation:</b> 8.16.2.22F(1)(g)</p> <p><b><u>Corrective Action Plan</u></b></p> <p>The center will obtain documentation of first-aid and CPR training and retain on file.</p> <p><b>Date to be Completed:</b> 08/26/2017</p>	Non-compliance

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<b>Administrative Requirements</b>		
<p><b><u>Deficiencies</u></b> From the review of staff records, it was determined that 2 out of 10 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. <b>Regulation:</b> 8.16.2.22F(1)(n)</p> <p><b><u>Corrective Action Plan</u></b> The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file. <b>Date to be Completed:</b> 08/26/2017</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 10 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. <b>Regulation:</b> 8.16.2.23B(2)(d)</p> <p><b><u>Corrective Action Plan</u></b> Annual training will be completed as required and documentation retained on file. <b>Date to be Completed:</b> 09/30/2017</p> <p><b><u>Deficiencies</u></b> The center failed to keep a training log on file with Date of training; Source of training; Training certificate for 2 out of 10 staff. See Staff Records 8.16.2.22 form for staff who are missing a complete training log. <b>Regulation:</b> 8.16.2.23B(2)(l)</p> <p><b><u>Corrective Action Plan</u></b> A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificate. <b>Date to be Completed:</b> 08/26/2017</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>		N/A
<b>8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE</b>		N/A
<b>8.16.2.24 G PHYSICAL ENVIRONMENT</b>		Compliance

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<b>Services &amp; Care of Children</b>		
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT		Compliance
8.16.2.24 I EQUIPMENT AND PROGRAM <b>Deficiencies</b> The center did not post the daily activity schedule, in the toddler room. <b>Regulation:</b> 8.16.2.24I(8) <b>Corrective Action Plan</b> The center will begin posting their daily activities schedules and following them. <b>Date to be Completed:</b> 08/26/2017		Non-compliance
8.16.2.24 J OUTDOOR PLAY AREAS		Compliance
8.16.2.24 K SWIMMING, WADING AND WATER		N/A
8.16.2.24 L FIELD TRIPS		N/A
<b>Food Service</b>		
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
<b>Health &amp; Safety Requirements</b>		
8.16.2.26 A HYGIENE		Compliance
8.16.2.26 B FIRST AID REQUIREMENTS <b>Deficiencies</b> The center's first aid kit does not contain Gauze pads; Adhesive tape; Scissors; Soap; Nonporous gloves. <b>Regulation:</b> 8.16.2.26B(2) <b>Corrective Action Plan</b> Missing items will be added to the first-aid kit; staff will be reminded to replace any item used. <b>Date to be Completed:</b> 08/26/2017		Non-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		Compliance
<b>Buildings, Grounds &amp; Safety</b>		
8.16.2.29 A HOUSEKEEPING		Non-compliance

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**Buildings, Grounds & Safety**

**Deficiencies**

The Equipment are not in good repair as evidenced by the bin for trucks and blocks is cracked in the Pre K room.

**Regulation:** 8.16.2.29A(1)

**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:** 08/26/2017

**Deficiencies**

The equipment in the Toddler and Two's class rooms are not clean as evidenced by the changing tables have an accumulation of dirt under the mats.

**Regulation:** 8.16.2.29A(1)

**Corrective Action Plan**

Cleaning will be completed and a schedule for routine cleaning will be established.

**Date to be Completed:** 08/26/2017

**Deficiencies**

The Premises are not in good repair as evidenced by the door knob is missing from the bathroom door and the cabinet knob is missing from the hand washing sink in the toddler room.

**Regulation:** 8.16.2.29A(1)

**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:** 08/26/2017

**Deficiencies**

The Premises are not in good repair as evidenced by the weed barrier is exposed in the small playground.

**Regulation:** 8.16.2.29A(1)

**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:** 08/26/2017

<b>8.16.2.29 B PEST CONTROL</b>	Compliance
<b>8.16.2.29 C MECHANICAL SYSTEMS</b>	Compliance
<b>8.16.2.29 D WATER AND WASTE</b>	Compliance
<b>8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL</b>	Compliance
<b>8.16.2.29 F EXITS AND WINDOWS</b>	Compliance
<b>8.16.2.29 G TOILET AND BATHING FACILITIES</b>	Compliance
<b>8.16.2.29 H SAFETY COMPLIANCE</b>	Non-compliance

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<b>Buildings, Grounds &amp; Safety</b>		
<b>Deficiencies</b> The center failed to conduct an emergency preparedness practice drills for at least once a quarter. <b>Regulation:</b> 8.16.2.29H(1)		
<b>Corrective Action Plan</b> A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year. <b>Date to be Completed:</b> 08/26/2017		
<b>8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>	Compliance	
<b>8.16.2.29 J PETS</b>	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.**

LM 12:30

07/26/2017

M. Hood

07/26/2017

Surveyor: Lucille Mizner	Date	Facility Rep: Melinda Hood	Date
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