



Facility

Name: Kids Korner Preschool and Daycare **License Number:** 94070
Address: 207 Courthouse Rd., Los Lunas, NM 87031
Phone: 5055652373 **Fax:** **E-mail:** n/a

License Information

Type: 4 Star FOCUS Child Care Center **Status:** Licensed **Issue Date:** 11/08/2017 **Expiration Date:** 11/07/2018

Capacity

Over Age 2: 80 **Under Age 2:** 23 **Night Care:** 0 **Playground:** 103
Square Footage: 0

Census

Over 2: 52 **Under 2:** 14

Classrooms

Number of Classrooms: 6

Days and Hours of Operation

Monday 6:30 AM - 6:00 PM	Tuesday 6:30 AM - 6:00 PM	Wednesday 6:30 AM - 6:00 PM	Thursday 6:30 AM - 6:00 PM	Friday 6:30 AM - 6:00 PM
Saturday Closed	Sunday Closed			

Inspection

Date: 09/11/2018 **Time In:** 9:00 AM **Time Out:** 1:00 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. Educator submitted background check in a timely fashion, BCU requested info on the educator, then after BCU investigation, BCU sent letter that case was unsubstantiated but background check was never done. Director will contact BCU for background check or send educator for new background check.

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.

Regulation: 8.16.2.21.A.2.

Date to be Completed: 10/11/2018

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 19 staff are 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.

Regulation: 8.16.2.21.A.2.

Date to be Completed: 10/11/2018

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

Non-compliance

The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent licensing survey, guidance policy.

Corrective Action Plan

The center will post the missing item.

Regulation: 8.16.2.22.A.

Date to be Completed: 10/11/2018

8.16.2.22 B Mission, Philosophy and Curriculum Statement

Compliance

8.16.2.22 C Policy and Procedures

Compliance

Administrative Requirements (*continued*)

8.16.2.22 D Family Handbook

Compliance

8.16.2.22 E Children's Records

Non-compliance

Of the 10 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.

Corrective Action Plan

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.

Regulation: 8.16.2.22.E.1.e.

Date to be Completed: 10/11/2018

Of the 10 children's records reviewed, 2 is/are missing a signed parent or guardian acknowledgement that the parent handbook had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Corrective Action Plan

Parents will be advised to complete the statement. The center will review all children's records to ensure a signed acknowledgement is on file.

Regulation: 8.16.2.22.E.1.l.

Date to be Completed: 10/11/2018

Of the 10 children's records reviewed, 1 is/are missing the name and telephone number of two people in the local area to contact in an emergency when a parent or guardian cannot be reached. See Children's Records 8.16.2.22 form for the child(ren) with missing information.

Corrective Action Plan

Parents will be advised to review and add missing information. The center will review all children's records to ensure up-to-date emergency contact information is on file.

Regulation: 8.16.2.22.E.2.b.

Date to be Completed: 10/11/2018

8.16.2.22 F Personnel Records

Non-compliance

From the review of staff records, it was determined that 1 out of 19 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.

(continued)

Regulation: 8.16.2.22.F.1.c.

Date to be Completed: 10/11/2018

The center failed to have 1 out of 19 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.

Regulation: 8.16.2.22.F.1.f.

Date to be Completed: 10/11/2018

From the review of staff records, it was determined that 2 out of 19 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.

Regulation: 8.16.2.22.F.1.e.

Date to be Completed: 10/11/2018

From the review of staff records, it was determined that 1 out of 19 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.

Regulation: 8.16.2.22.F.1.h.

Date to be Completed: 10/11/2018

From the review of staff records, it was determined that 1 out of 19 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.

Regulation: 8.16.2.22.F.1.p.

Date to be Completed: 10/11/2018

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

From the review of staff records, it was determined that 1 out of 19 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.

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file.

Regulation: 8.16.2.22.F.1.o.

Date to be Completed: 10/11/2018

8.16.2.22 G Personnel Handbook**Compliance****Personnel & Staffing****8.16.2.23 A Personnel and Staffing Requirements****Compliance****8.16.2.23 B Staff Qualifications and Training****Non-compliance**

Educators did not complete the following training within 3-months: Health and Safety Training. 1 of 19 staff

Corrective Action Plan

All educators, regardless of the number of hours per week, will complete the above listed training. The following staff members need to complete the required training:

Regulation: 8.16.2.23.B.2.b.

Date to be Completed: 10/11/2018

From the review of staff records, it was determined that 1 out of 19 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.

Regulation: 8.16.2.23.B.2.a.

Date to be Completed: 10/11/2018

It was observed that 3 out of 3 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. Director stated staff had taken infant/toddler training, but was not logged and no certificate.

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.

Regulation: 8.16.2.23.B.2.k.

Date to be Completed: 10/11/2018

Personnel & Staffing (continued)

8.16.2.23 C Staff/Child Ratios and Group Sizes

Compliance

Services & Care of Children

8.16.2.24 A Guidance

Non-compliance

Of the 10 children's records reviewed, 2 is/are missing a signed parent or guardian acknowledgement that the center's guidance policy had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Corrective Action Plan

The center will review all children's records to ensure a signed parent or guardian acknowledgement is on file.

Regulation: 8.16.2.24.A.1.

Date to be Completed: 10/11/2018

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

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

Compliance

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).

Corrective Action Plan

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

Regulation: 8.16.2.26.B.1.

Date to be Completed: 10/11/2018

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

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

Non-compliance

The center does not have verification of an annual fire inspection from the fire authority having jurisdiction. Fire marshal came to do inspection during licensing visit.

Corrective Action Plan

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

Regulation: 8.16.2.29.H.3.e.

Date to be Completed: 10/11/2018

8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

Compliance

8.16.2.29 J Pets

Compliance

Additional Comments

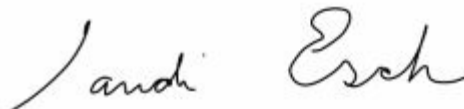
None

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: *Mark Prizzi*



Facility Representative: *Sandi Esch*