

Center Name: Little Lobitos			Address: 5015 4th St NW Albuquerque, NM 87106				<b>Phone:</b> (505)345-0971		
License Number: Issue Date: Expiration Date: Typ			Туре:	Type: Status:			•		
158624	10/28/2016	10/27/2017		3 Star FOCUS Child Care Center Licensed					
Capacity				-		Cei	nsus		
Over Age 2: 26	Under Age 2:	10 Night	Care:	0 P	layground: 34	Ove	er 2:	10	Under 2: 3
Days and Hours of	Operation					-			
	<u>Monday</u>	Tuesda	<u>w</u>	<u>'ednesday</u>	<u>Thursday</u>	Fri	<u>day</u>	Saturda	<u>Sunday</u>
Opening Times	6:20	6:20		6:20	6:20	6:20		Closed	d Closed
Closing Times	07:00 PM	07:00 PI	M (	07:00 PM	07:00 PM	07:0	0 PM		
# of Classrooms:		Purpose:			Date:			Time:	
2		Annual			08/09/2017			10:00 AM	
Comments Provided Resource	Materials								

Provided Resource Materials			
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	N/A		
8.16.2.11 B RENEWAL OF LICENSE	N/A		
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	N/A		
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	N/A		
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Compliance		
8.16.2.18 D COMPLAINTS	N/A		
8.16.2.21 A LICENSING REQUIREMENTS	Compliance		
8.16.2.21 B CAPACITY OF CENTERS  Deficiencies  The center failed to post classroom capacities, and ratios and group sizes in an area of the room that is easily visible to parents, staff and visitors.  Regulation: 8.16.2.21B(3)(c)  Corrective Action Plan  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: 09/11/2017	Non-compliance		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	N/A		
Administrative Requirements			
8.16.2.22 A ADMINISTRATION RECORDS	Non-compliance		

Survey Report Form Page 1 of 8

# **Administrative Requirements**

## **Deficiencies**

The center failed to display in a prominent place that is readily visible to parents, staff and visitors the current child care regulations.

Regulation: 8.16.2.22A

#### **Corrective Action Plan**

The center will post the missing item.

Date to be Completed: 09/11/2017

Date to be Completed: 09/11/2017	
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected
8.16.2.22 C POLICY AND PROCEDURES	Non-compliance
<u>Deficiencies</u>	
The center did not have available for review written policies and procedures covering	
emergency evacuation and disaster preparedness (Components missing); expulsion of	
children.	
<b>Regulation:</b> 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: 09/11/2017	
8.16.2.22 D FAMILY HANDBOOK	Not Inspected
8.16.2.22 E CHILDREN'S RECORDS	Non-compliance
<u>Deficiencies</u>	
Of the 16 children's records reviewed, 4 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.	
<b>Regulation:</b> 8.16.2.22E(1)(e)	
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.	
Date to be Completed: 09/11/2017	
<u>Deficiencies</u>	
Of the 16 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.	
<b>Regulation:</b> 8.16.2.22E(2)(b)	
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.	
Date to be Completed: 09/11/2017	
8.16.2.22 F PERSONNEL RECORDS	Non-compliance

Survey Report Form Page 2 of 8

Center Name:	License Number:	Date:
Little Lobitos	158624	08/09/2017

#### **Administrative Requirements**

#### **Deficiencies**

From the review of staff records, it was determined that 2 out of 5 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.

Date to be Completed: 09/11/2017

#### **Deficiencies**

The center failed to have 3 out of 5 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: 09/11/2017

#### **Deficiencies**

From the review of staff records, it was determined that 2 out of 5 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: 09/11/2017

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		
Deficiencies From the review of staff records, it was determined that 2 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.  Regulation: 8.16.2.23B(2)(a)  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: 09/11/2017			
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Compliance		
Services & Care of Children			
8.16.2.24 A GUIDANCE	Compliance		

Survey Report Form Page 3 of 8

Center Name:	License Number:	Date:	
Little Lobitos	158624	08/09/2017	
Services	& Care of Children		
8.16.2.24 B NAPS OR REST PERIOD			Compliance
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TOD	DLERS		Compliance
8.16.2.24 D DIAPERING AND TOILETING			Compliance
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SE	PECIAL 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  Deficiencies  The center does not provide children in the Preschoolclass round indoor activities so that at any one time each child can be indicated sufficient art materials for children.  Regulation: 8.16.2.24I(4)  Corrective Action Plan  Additional materials will be obtained.  Date to be Completed: 09/11/2017  8.16.2.24 J OUTDOOR PLAY AREAS  Deficiencies  The playground equipment isn't inspected weekly.  Regulation: 8.16.2.24J(4)  Corrective Action Plan  The facility will hold weekly inspections of their playground expected to be Completed: 09/11/2017	lividually involved. There are not		Non-compliance  Non-compliance
8.16.2.24 K SWIMMING, WADING AND WATER			N/A
8.16.2.24 L FIELD TRIPS			N/A
	and Comitee		14/7
	Food Service		0 "
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			Non-compliance

Survey Report Form Page 4 of 8

Center Name:License Number:Date:Little Lobitos15862408/09/2017

#### **Health & Safety Requirements**

#### **Deficiencies**

The center does not have on duty all educators currently certified in first aid and cardiopulmonary resuscitation (CPR). (1)

**Regulation:** 8.16.2.26B(1)

#### **Corrective Action Plan**

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

Date to be Completed: 09/11/2017

#### **Deficiencies**

The center's first aid kit does not contain A thermometer.

**Regulation:** 8.16.2.26B(2)

#### **Corrective Action Plan**

Missing items will be added to the first-aid kit; staff will be reminded to replace any item used.

Date to be Completed: 09/11/2017

# 8.16.2.26 C MEDICATION Deficiencies When medication is no longer needed, it is not returned to the parents or guardians or destroyed but it remains in the center.

# Regulation: 8.16.2.26C(5) Corrective Action Plan

Medication no longer needed or expired will be returned to the parents or guardians or destroyed.

There are 4 medications in refrierator, center does not administer medications.

Date to be Completed: 09/11/2017

# 8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS N/A

#### 8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS

Compliance

#### **Buildings, Grounds & Safety**

# 8.16.2.29 A HOUSEKEEPING Non-compliance

#### **Deficiencies**

The Equipment are not in good repair as evidenced by sink in dramatic playa area is chipped, doors are taped shut.

**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: 09/11/2017

Survey Report Form Page 5 of 8

#### **Buildings, Grounds & Safety**

#### **Deficiencies**

The Equipment are not in good repair as evidenced by refrigerator handle in dramatic play is not secured.

**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: 09/11/2017

#### **Deficiencies**

The Premises are not in good repair as evidenced by wall at sink (upstairs) is chipping.

**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: 09/11/2017

#### **Deficiencies**

The premises in the preschool classrooms are not safe in that chairs are stacked on furniture.

**Regulation:** 8.16.2.29A(1)

#### **Corrective Action Plan**

The safety violation will be corrected and a system for routine safety inspection developed.

Date to be Completed: 09/11/2017

#### **Deficiencies**

The Floors are not in good repair as evidenced by floor tile in kitchen is cracked.

**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: 09/11/2017

#### **Deficiencies**

The staff restroom has a heavy accumulation of storage. (excessive amount of storage).

**Regulation:** 8.16.2.29A(1)

#### **Corrective Action Plan**

A routine will be established to assess all areas of the premises for cleanliness, safety and potential hazards.

Date to be Completed: 09/11/2017

#### **Deficiencies**

The Equipment are not in good repair as evidenced by benches on playground are peeling contact paper and weathered.

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: 09/11/2017

Survey Report Form Page 6 of 8

# **Buildings, Grounds & Safety**

## **Deficiencies**

The premises in the outdoor covered patio are not safe in that covered patio showing signs of water damage and is bowed.

**Regulation:** 8.16.2.29A(1)

#### **Corrective Action Plan**

The safety violation will be corrected and a system for routine safety inspection developed.

Date to be Completed: 09/11/2017

Date to be Completed: 09/11/2017	
3.16.2.29 B PEST CONTROL	Compliance
3.16.2.29 C MECHANICAL SYSTEMS	Non-compliance
<u>Deficiencies</u>	
A window used for ventilation in the preschool does not have a screen .	
Regulation: 8.16.2.29C(4)	
Corrective Action Plan	
Windows and doors used for ventilation will be properly screened.	
Date to be Completed: 09/11/2017	
3.16.2.29 D WATER AND WASTE	Compliance
3.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL	Non-compliance
<u>Deficiencies</u>	
Lighting in the cafeteria is not sufficient.	
Regulation: 8.16.2.29E(1)	
Corrective Action Plan	
The area will have additional lighting provided.	
Date to be Completed: 09/11/2017	
3.16.2.29 F EXITS AND WINDOWS	Compliance
3.16.2.29 G TOILET AND BATHING FACILITIES	Non-compliance
<u>Deficiencies</u>	
A self-contained room for Infant - (6 wk 12 mo.) does not have one sink with hot and cold	
running water. Restroom has an excessive amount of storage, leaving sink and toilet	
inaccessilbe.	
<b>Regulation:</b> 8.16.2.29G(1)	
Corrective Action Plan	
A sink will be added.	
Date to be Completed: 09/11/2017	
3.16.2.29 H SAFETY COMPLIANCE	Non-compliance
<u>Deficiencies</u>	
The center failed to conduct an emergency preparedness practice drills for at least once a	
quarter.	
<b>Regulation:</b> 8.16.2.29H(1)	
Corrective Action Plan	
A center will conduct emergency preparedness practice drills at least quarterly beginning	
	i
January of each calendar year.  Date to be Completed: 09/11/2017	

Survey Report Form Page 7 of 8

#### **Buildings, Grounds & Safety**

#### **Deficiencies**

The center failed to conduct a fire drill for the month(s) of May; June; July.

**Regulation:** 8.16.2.29H(2)

#### **Corrective Action Plan**

A monthly fire drill will be held and recorded.

Date to be Completed: 09/11/2017

#### **Deficiencies**

The center does not have verification of an annual fire inspection from the fire authority

having jurisdiction.

**Regulation:** 8.16.2.29H(3)(e)

#### **Corrective Action Plan**

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

Date to be Completed: 09/11/2017

#### **Deficiencies**

The center's fire extinguishers is not properly maintained; inspected yearly.

 $\textbf{Regulation:} \ 8.16.2.29 H(3)(k)$ 

#### **Corrective Action Plan**

Equipment will be maintained and inspected yearly.

Date to be Completed: 09/11/2017

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.

08/09/2017

08/09/2017

Surveyor: Helen Waldorf

Date

Facility Rep:Karime Reyes

Page 8 of 8

Date