

Center Name: Miss Kelly's Academy				nsin St. NE 9 e, NM 87110				Phone: (505)235-888	33
License Number:	Issue Date:	Expiration D	ate:	Type:			Status:	•	
164738	12/5/2016	06/4/2017		2 Star Child	d Care Center		Licensed		
Capacity		•				Cei	nsus		
Over Age 2: 25	Under Age 2:	0 Night 0	Care:	0 P	layground: 25	Ove	er 2: 16	Unde	r 2: 0
Days and Hours of C	Operation								
	<u>Monday</u>	Tuesday	<u>/ We</u>	ednesday	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturday	<u>Sunday</u>
Opening Times:	07:30 AM	07:30 AM	1 0	7:30 AM	07:30 AM	07:3	0 AM	Closed	Closed
Closing Times:	05:30 PM	05:30 PM	1 0	5:30 PM	05:30 PM	05:3	0 PM		
# of Classrooms:	Р	urpose:			Date:		Tir	ne:	
2	A	nnual			05/01/2017		01:	:30 PM	
Comments	•				•		•		

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTE	ED 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	Compliance
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  Deficiencies  The center failed to post the maximum capacity of the playground on the doors to the playground.	Non-compliance
Regulation: 8.16.2.21B(3)(b)  Corrective Action Plan The center will post the maximum capacity of the playground on the doors to the playground.  Date to be Completed: 06/01/2017  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: 06/01/2017	
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected

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Center Name:	License Number:	Date:	
Miss Kelly's Academy	164738	05/01/2017	
Adm	ninistrative Requirements		
8.16.2.22 A ADMINISTRATION RECORDS			Compliance
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STAT	EMENT		Compliance
8.16.2.22 C POLICY AND PROCEDURES  Deficiencies			Non-compliance
The center did not have available for review written policemergency evacuation and disaster preparedness; expression exponents.  Regulation: 8.16.2.22C(1)-(8)			
Corrective Action Plan The center will complete written policies and procedures Date to be Completed: 06/01/2017	s for the missing area(s).		
8.16.2.22 D FAMILY HANDBOOK			Compliance
8.16.2.22 E CHILDREN'S RECORDS  Deficiencies  Of the 4children's records reviewed, 1is/are missing a crecord or public health division approved exemption. Sefor the child(ren) with no immunization/exemption.  Regulation: 8.16.2.22E(1)(e)			Non-compliance
Parents will be advised to submit a complete and up-to-exemption. The center will review all children's records file. Corrected on site.  Date to be Completed: 06/01/2017			
8.16.2.22 F PERSONNEL RECORDS			Non-compliance
<u>Deficiencies</u> From the review of staff records, it was determined that include the staff's current and past duties and responsit 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 re Date to be Completed: 06/01/2017	esponsibilities to the record.		
<u>Deficiencies</u> From the review of staff records, it was determined that include documentation of current first-aid and cardiopuli Staff Records 8.16.2.22 form for staff without verification Regulation: 8.16.2.22F(1)(g)	monary resuscitation training. See		
Corrective Action Plan The center will obtain documentation of first-aid and CP Date to be Completed: 06/01/2017	PR training and retain on file.		

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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 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)

Date to be Completed: 06/01/2017

# **Corrective Action Plan**

The center will have staff complete a professional development plan and sign the plan  $\,$ . The plan will be maintained on file.

8.16.2.22 G PERSONNEL HANDBOOK Compliance **Personnel & Staffing** 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS Non-compliance **Deficiencies** The child(ren) in the Preschool both room(s) was/were left unattended when educators walked in an out of the classrooms. **Regulation:** 8.16.2.23A(9) **Corrective Action Plan** Requirements for supervision of children whether inside or outside the facility will be reviewed with staff. Date to be Completed: 06/01/2017 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 1 staff does/do not have documentation of the 45-hour entry level course or an approved equivalent prior to or within six months of employment. Regulation: 8.16.2.23B(2)(c) **Corrective Action Plan** Training will be completed for staff as required and documentation retained on file. Date to be Completed: 06/01/2017 **Deficiencies** Educators did not complete the following training within 3-months: Health and Safety Training. **Regulation:** 8.16.2.23B(2)(b) **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: Date to be Completed: 06/01/2017 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES Compliance Services & Care of Children 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

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# Services & Care of Children

# **Deficiencies**

Feeding practices are inappropriate as evidenced by children carry bottles and **sipper cups** throughout the day. This was evident by a child laying on his cot with a sipper cup and a child being permited to eat his lunch and have his drink on his cot during nap time.

**Regulation:** 8.16.2.24C(13)

# **Corrective Action Plan**

Staff will be instructed on proper feeding practices.

Date to be Completed: 06/01/2017

Date to be Completed: 06/01/2017		
8.16.2.24 D DIAPERING AND TOILETING	Compliance	
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  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 equipment.  Date to be Completed: 06/01/2017	Non-compliance	
8.16.2.24 K SWIMMING, WADING AND WATER	Not Inspected	
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  Deficiencies  A food is not properly stored; the item is not wrapped; labeled and dated. (Strawberries and apple sauce).  Regulation: 8.16.2.25D(4)  Corrective Action Plan  The person responsible for food service will be instructed in proper food storage.  Date to be Completed: 06/01/2017	Non-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	

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## **Health & Safety Requirements**

## **Deficiencies**

The center's first aid kit does not contain Soap.

**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: 06/01/2017

8.16.2.26 C MEDICATION	N/A
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	Not Inspected
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	N/A

# **Buildings, Grounds & Safety**

# 8.16.2.29 A HOUSEKEEPING Non-compliance

### **Deficiencies**

The Ceiling tiles are not in good repair as evidenced by a stained ceiling tile in the dramatic play 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: 06/01/2017

#### **Deficiencies**

The premises in the playground are not safe in that there is a tree stump creating a tripping hazard.

**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: 06/01/2017

### **Deficiencies**

The Premises are not in good repair as evidenced by the blue panel to the cabinet is detached and has a nail protruding.

**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: 06/01/2017

## **Deficiencies**

The premises in the playground are not safe in that there is a screw protruding from the fence (west side)..

**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: 06/01/2017

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Buildings, Grounds & Safety		
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	

#### 8.16.2.29 H SAFETY COMPLIANCE

Non-compliance

#### **Deficiencies**

The center failed to conduct a fire drill for the month(s) of January; February; March; April; May; June.

**Regulation:** 8.16.2.29H(2)

## **Corrective Action Plan**

A monthly fire drill will be held and recorded.

Date to be Completed: 06/01/2017

#### **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: 06/01/2017

# **Deficiencies**

The center does not have documentation that a request for fire inspection had been made to the fire authority whose policy does not provide for an annual inspection of the center.

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

### **Corrective Action Plan**

The center will document the request date and to whom the request was made.

Date to be Completed: 06/01/2017

# **Deficiencies**

The center failed to conduct an emergency preparedness practice drills for at least once a quarter.

 $\textbf{Regulation:}\ 8.16.2.29H(1)$ 

#### **Corrective Action Plan**

A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.

Date to be Completed: 06/01/2017

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# **Buildings, Grounds & Safety**

### **Deficiencies**

An evacuation plan is not posted in the Preschool class room(s) used by children. In both classrooms.

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

### **Corrective Action Plan**

An evacuation plan will be posted in each room used by children.

Date to be Completed: 06/01/2017

8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	Compliance
8.16.2.29 J PETS	Compliance

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.

05/01/2017

Date

05/01/2017

Date

Surveyor: Darlene Montoya Facility Rep:Kelly Watson Page 7 of 7 Survey Report Form