Facility

Name: Ms. Kelli's House License Number: 148498

Address: 4615 Greene Ave. NW, Albuquerque, NM 87114

Phone: 5058987607 Fax: E-mail: mskellishouse@gmail.com

License Information

Type: 3 Star FOCUS Child Status: Licensed Issue Date: 07/07/2018 Expiration Date:

Care Center 07/0

07/06/2019

Capacity

Over Age 2: 38 Under Age 2: 28 Night Care: 0 Playground: 20

Square Footage: 0

Census

Over 2: 9 Under 2: 8

Classrooms

Number of Classrooms: 3

Days and Hours of Operation

Monday Tuesday Wednesday Thursday Friday

6:30 AM - 6:00 PM 6:30 AM - 6:00 PM 6:30 AM - 6:00 PM 6:30 AM - 6:00 PM

Saturday Sunday Closed Closed

Inspection

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	Compliance

Licensure (continued)

8.16.2.21 C Incident Reporting Requirements

Not Inspected

Administrative Requirement	
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8.16.2.22 A Administrative Records	Not Inspected
8.16.2.22 B Mission, Philosophy and Curriculum Statement	Not Inspected
8.16.2.22 C Policy and Procedures	Not Inspected
8.16.2.22 D Family Handbook	Not Inspected
8.16.2.22 E Children's Records	Compliance

8.16.2.22 F Personnel Records

Non-compliance

From the review of staff records, it was determined that 1 out of 6 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.

Corrective Action Plan

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

Regulation: 8.16.2.22.F.1.n.

Date to be Completed: 03/03/2019

From the review of staff records, it was determined that 1 out of 6 staff records do/does not include the staffs 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 staffs current and past duties and responsibilities to the record.

Regulation: 8.16.2.22.F.1.c.

Date to be Completed: *03/03/2019*

8.16.2.22 G Personnel Handbook

Not Inspected

Personnel & Staffing

8.16.2.23 A Personnel and Staffing Requirements

Compliance

Personnel & Staffing (continued)

8.16.2.23 B Staff Qualifications and Training

Non-compliance

From the review of staff records, it was determined that 1 out of 6 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: 03/03/2019

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	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	Not Inspected
8.16.2.24 H Social-Emotional Responsive Environment	Compliance
0.46.2.24.15	No

8.16.2.24 | Equipment and Program

Non-compliance

Children in the Infant - (6 wk. - 12 mo.) room(s) were allowed to view or listen to music that contained adult content. Corrected on site.

Corrective Action Plan

The facility will remove any adult content and refrain from making any available to the children in the future. Corrected on site.

Regulation: 8.16.2.24.1.9.

Date to be Completed: 02/01/2019

Services & Care of Children (continued)

8.16.2.24 J Outdoor Play Areas

Non-compliance

The fall zone underneath the is slide is not sufficient as evidenced by the resilient material is not sufficient over the fall zone area.

Corrective Action Plan

An approved resilient surface will be provided beneath the climbing structures, swings, and slides.

Regulation: 8.16.2.24.J.3.

Date to be Completed: 03/03/2019

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

Non-compliance

The bottles of infant formula or breast milk brought from home for children in the Infant - (6 wk. - 12 mo.) room(s) are not labeled.

Corrective Action Plan

A staff will be assigned responsibility for ensuring all foods and bottles brought from the child's home are labeled and , if necessary, refrigerated.

Regulation: 8.16.2.25.D.5.

Date to be Completed: 03/03/2019

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	Not Inspected
8.16.2.26 C Medication	Not Inspected
8.16.2.27 A-D Illness Requirements for Centers	Compliance
8.16.2.28 A-H Transportation Requirements for Centers	Not Inspected

Buildings, Grounds & Safety

8.16.2.29 A Housekeeping Compliance

Buildings, Grounds & Safety (continued)	
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 H3(f)(i)(k) Safety Compliance	Non-compliance

The center's fire extinguishers is not tagged with the date of inspection. Tagged 2017

Corrective Action Plan

Equipment will be maintained and inspected yearly.

Regulation: 8.16.2.29.H.3.k.

Date to be Completed: 03/03/2019

8.16.2.29 J Pets *N/A*

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: Kia Kennedy

Facility Representative: Ronnalyn Spam