

Center Name: Sow N Seed		Address: 323 Main St. Los Lunas, NM 87031			Phone: (505)565-0653		
License Number: 114421	Issue Date: 12/31/2016	Expiration Date: 05/4/2017	Type: 2 Star + Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	25	Under Age 2:	5	Night Care:	0	Playground:	30
		Over 2:	22	Under 2:	4		
Days and Hours of Operation							
	<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		
# of Classrooms: 3	Purpose: Annual		Date: 03/01/2017		Time: 09:00 AM		
Comments							

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 <u>Deficiencies</u> 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 . 4 of 10 staff are not background checked every 5 years Regulation: 8.16.2.21A(2) <u>Corrective Action Plan</u> 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. Date to be Completed: 04/01/2017	Non-compliance
8.16.2.21 B CAPACITY OF CENTERS	Non-compliance

Center Name: Sow N Seed	License Number: 114421	Date: 03/01/2017
Licensure		
<p><u>Deficiencies</u> The center failed to post classroom group sizes in an area of the room that is easily visible to parents, staff and visitors. Regulation: 8.16.2.21B(3)(c)</p> <p><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: 04/01/2017</p>		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected	
Administrative Requirements		
8.16.2.22 A ADMINISTRATION RECORDS	Non-compliance	
<p><u>Deficiencies</u> The center failed to display in a prominent place that is readily visible to parents, staff and visitors the dated weekly menus for meals and snacks. Menu was posted but not dated Regulation: 8.16.2.22A</p> <p><u>Corrective Action Plan</u> The center will post the missing item. Date to be Completed: 04/01/2017</p>		
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance	
8.16.2.22 C POLICY AND PROCEDURES	Non-compliance	
<p><u>Deficiencies</u> The center did not have available for review written policies and procedures covering expulsion of children. Regulation: 8.16.2.22C(1)-(8)</p> <p><u>Corrective Action Plan</u> The center will complete written policies and procedures for the missing area(s). Date to be Completed: 04/01/2017</p> <p><u>Deficiencies</u> (1) The program does not have an up to date emergency evacuation and disaster preparedness plan approved by the department which shall include steps for evacuation, relocation, shelter in place lock-down, communication, reunification with parents individual plans for children with special needs and children with chronic medical conditions, accommodations of infants and toddlers and continuity of operations Regulation: 8.16.2.22C(8)</p> <p><u>Corrective Action Plan</u> An emergency evacuation and disaster preparedness plan will be developed. Date to be Completed: 04/01/2017</p>		
8.16.2.22 D FAMILY HANDBOOK	Compliance	
8.16.2.22 E CHILDREN'S RECORDS	Compliance	
8.16.2.22 F PERSONNEL RECORDS	Non-compliance	

Center Name: Sow N Seed	License Number: 114421	Date: 03/01/2017
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Administrative Requirements

Deficiencies

The center failed to have 3 out of 10 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: 04/01/2017

Deficiencies

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

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: 04/01/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 10 staff records does/do not include the required Form I-9. See Staff Records 8.16.2.22 form for staff missing the form.

Regulation: 8.16.2.22F(1)(q)

Corrective Action Plan

The center will obtain Form I-9s from all staff and maintain them in their personnel files.

Date to be Completed: 04/01/2017

8.16.2.22 G PERSONNEL HANDBOOK	Compliance
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Personnel & Staffing

8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance
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<p>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</p> <p><u>Deficiencies</u></p> <p>Educators did not complete the following training within 3-months: Health and Safety Training; CPR Training. 4 of 10 staff need 1st aid/CPR and 3 of 10 staff need the health and safety training.</p> <p>Regulation: 8.16.2.23B(2)(b)</p> <p><u>Corrective Action Plan</u></p> <p>All educators, regardless of the number of hours per week, will complete the above listed training.</p> <p>The following staff members need to complete the required training:</p> <p>Date to be Completed: 04/01/2017</p>	Non-compliance
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8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Compliance
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Services & Care of Children

8.16.2.24 A GUIDANCE	Compliance
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8.16.2.24 B NAPS OR REST PERIOD	Compliance
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Services & Care of Children		
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		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		Compliance
8.16.2.24 K SWIMMING, WADING 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 Deficiencies The freezer in the kitchen does not have a working internal thermometer. Regulation: 8.16.2.25D(6) Corrective Action Plan The center will obtain and place a working thermometer in freezer. Date to be Completed: 04/01/2017		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		Compliance
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		Non-compliance

Center Name: Sow N Seed	License Number: 114421	Date: 03/01/2017
Buildings, Grounds & Safety		
<p>Deficiencies Electrical outlets within reach of children in the pre-k are not safety outlets and they do not have protective covers. Regulation: 8.16.2.29E(3)(b)</p> <p>Corrective Action Plan Protective covers will be added. Date to be Completed: 04/01/2017</p>		
8.16.2.29 F EXITS AND WINDOWS		Compliance
8.16.2.29 G TOILET AND BATHING FACILITIES		Compliance
<p>8.16.2.29 H SAFETY COMPLIANCE</p> <p>Deficiencies The list of emergency telephone numbers was not posted next to the phone or programmed into the cordless phone. Cordless phone emergency numbers were smeared off and need to be replaced Regulation: 8.16.2.29H(3)(g)</p> <p>Corrective Action Plan A complete list of emergency phone numbers will be posted next to the phone or on the phone itself if a cordless phone is used. Date to be Completed: 04/01/2017</p>		Non-compliance
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.

MP 1230

Brenda Casias

03/01/2017

03/01/2017

Surveyor: Mark Prizzi	Date	Facility Rep: Sandra Abeyta Brenda Casias	Date
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