

<b>Center Name:</b> St. Therese School		<b>Address:</b> 311 SHROPSHIRE PL. NW ALBUQUERQUE, NM 871070000			<b>Phone:</b> (505)344-4479		
<b>License Number:</b> 12446	<b>Issue Date:</b> 12/15/2016	<b>Expiration Date:</b> 12/14/2017	<b>Type:</b> 2 Star Child Care Center		<b>Status:</b> Licensed		
<b>Capacity</b>					<b>Census</b>		
Over Age 2:	84	Under Age 2:	0	Night Care:	0	Playground:	84
		Over 2:	18	Under 2:	0		
<b>Days and Hours of Operation</b>							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	08:00 AM	08:00 AM	08:00 AM	08:00 AM	08:00 AM	Closed	Closed
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM		
<b># of Classrooms:</b> 2	<b>Purpose:</b> Annual		<b>Date:</b> 10/16/2017		<b>Time:</b> 09:00 AM		
<b>Comments</b>							

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 . An educator was not background checked prior to employment. Educator started August not finger printed till 9-28-17, clearance dated 10-6-17. <b>Regulation:</b> 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. <b>Date to be Completed:</b> 10/17/2017	Non-compliance
8.16.2.21 B CAPACITY OF CENTERS	Non-compliance

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<b>Licensure</b>		
<p><b><u>Deficiencies</u></b> The center failed to post classroom capacities, and <b><u>ratios and group sizes</u></b> in an area of the room that is easily visible to parents, staff and visitors in the after care classroom. Only classroom capacity was posted <b>Regulation:</b> 8.16.2.21B(3)(c)</p> <p><b><u>Corrective Action Plan</u></b> The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors. <b>Date to be Completed:</b> 11/16/2017</p>		
<b>8.16.2.21 C INCIDENT REPORTING REQUIREMENTS</b>	Not Inspected	
<b>Administrative Requirements</b>		
<b>8.16.2.22 A ADMINISTRATION RECORDS</b>	Compliance	
<b>8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT</b>	Not Inspected	
<p><b>8.16.2.22 C POLICY AND PROCEDURES</b></p> <p><b><u>Deficiencies</u></b> The center did not have available for review written policies and procedures covering expulsion of children. <b>Regulation:</b> 8.16.2.22C(1)-(8)</p> <p><b><u>Corrective Action Plan</u></b> The center will complete written policies and procedures for the missing area(s). <b>Date to be Completed:</b> 11/16/2017</p> <p><b><u>Deficiencies</u></b> (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, <b><u>individual plans for children with special needs and children with chronic medical conditions</u></b> and <b><u>continuity of operations</u></b> <b>Regulation:</b> 8.16.2.22C(8)</p> <p><b><u>Corrective Action Plan</u></b> An emergency evacuation and disaster preparedness plan will be developed. <b>Date to be Completed:</b> 11/16/2017</p>	Non-compliance	
<b>8.16.2.22 D FAMILY HANDBOOK</b>	Not Inspected	
<b>8.16.2.22 E CHILDREN'S RECORDS</b>	Compliance	
<p><b>8.16.2.22 F PERSONNEL RECORDS</b></p> <p><b><u>Deficiencies</u></b> From the review of staff records, it was determined that 1 out of 5 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed. <b>Regulation:</b> 8.16.2.22F(1)(P)</p> <p><b><u>Corrective Action Plan</u></b> The center will have staff complete the required acknowledgement and will retain on file. <b>Date to be Completed:</b> 11/16/2017</p>	Non-compliance	

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**Administrative Requirements**

**Deficiencies**

From the review of staff records, it was determined that 1 out of 5 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.

**Regulation:** 8.16.2.22F(1)(c)

**Corrective Action Plan**

The center will add staff's current and past duties and responsibilities to the record.

**Date to be Completed:** 11/16/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 5 staff records does/do not include dates of hire and termination. See Staff Records 8.16.2.22 form for staff with this missing information.

**Regulation:** 8.16.2.22F(1)(d)

**Corrective Action Plan**

The center will add dates of hire and termination to the record.

**Date to be Completed:** 11/16/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 5 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. New staff did not have a training log.

**Regulation:** 8.16.2.22F(1)(h)

**Corrective Action Plan**

The center will obtain verification of all training and retain on file.

**Date to be Completed:** 11/16/2017

**Deficiencies**

From the review of staff records, it was determined that 4 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:** 11/16/2017

<b>8.16.2.22 G PERSONNEL HANDBOOK</b>	Not Inspected
<b>Personnel &amp; Staffing</b>	
<b>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</b>	Compliance
<b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b>	Non-compliance

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<b>Personnel &amp; Staffing</b>		
<p><b><u>Deficiencies</u></b> From the review of staff records, it was determined that 1 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. <b>Regulation:</b> 8.16.2.23B(2)(a)</p> <p><b><u>Corrective Action Plan</u></b> Orientation will be completed and documented for staff noted; in the future, orientation will be completed prior to time staff begin working with children. <b>Date to be Completed:</b> 11/16/2017</p>		
<b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>	Compliance	
<b>Services &amp; Care of Children</b>		
<p><b>8.16.2.24 A GUIDANCE</b></p> <p><b><u>Deficiencies</u></b> Of the 5 staff's records reviewed, 1 is/are missing a signed staff 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. <b>Regulation:</b> 8.16.2.24A(1)</p> <p><b><u>Corrective Action Plan</u></b> The center will review all staff's records to ensure a signed staff acknowledgement is on file. <b>Date to be Completed:</b> 11/16/2017</p>	Non-compliance	
<b>8.16.2.24 B NAPS OR REST PERIOD</b>	Not Inspected	
<b>8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS</b>	N/A	
<b>8.16.2.24 D DIAPERING AND TOILETING</b>	N/A	
<b>8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS</b>	Not Inspected	
<b>8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE</b>	N/A	
<b>8.16.2.24 G PHYSICAL ENVIRONMENT</b>	Compliance	
<b>8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>	Compliance	
<b>8.16.2.24 I EQUIPMENT AND PROGRAM</b>	Compliance	
<b>8.16.2.24 J OUTDOOR PLAY AREAS</b>	Compliance	
<b>8.16.2.24 K SWIMMING, WADING AND WATER</b>	N/A	
<b>8.16.2.24 L FIELD TRIPS</b>	Not Inspected	
<b>Food Service</b>		
<b>8.16.2.25 B MEALS AND SNACKS</b>	Compliance	
<b>8.16.2.25 C MENUS</b>	Compliance	
<b>8.16.2.25 D KITCHENS</b>	Compliance	
<b>8.16.2.25 E MEAL TIMES</b>	Compliance	
<b>Health &amp; Safety Requirements</b>		
<b>8.16.2.26 A HYGIENE</b>	Compliance	

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<b>Health &amp; Safety Requirements</b>		
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		N/A
<b>Buildings, Grounds &amp; Safety</b>		
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 <u>Deficiencies</u> The center does not have emergency lighting that turns on automatically when electrical service is disrupted. Regulation: 8.16.2.29E(2) <u>Corrective Action Plan</u> Emergency lighting will be installed. Date to be Completed: 11/16/2017		Non-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 <u>Deficiencies</u> The center failed to conduct an emergency preparedness practice drills for at least once a quarter. Staff stated they do practice emergency drills, but not sure if they are logged. Regulation: 8.16.2.29H(1) <u>Corrective Action Plan</u> A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year. Date to be Completed: 11/16/2017		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 11/5/17

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Surveyor: Mark Prizzi	Date	Facility Rep: Donna Illerbrun	Date
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