

Center Name: Stepping Stones Daycare and Learning Center		Address: 215 Erbbe St. NE Albuquerque, NM 87123			Phone: (505)293-2950		
License Number: 153820	Issue Date: 05/10/2016	Expiration Date: 04/24/2017	Type: 2 Star Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	26	Under Age 2:	16	Night Care:	0	Playground:	71
		Over 2:	11	Under 2:	9		
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: 4	Purpose: Annual		Date: 02/21/2017		Time: 09:30 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 . 1 out of 9 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: 03/21/2017	Non-compliance
8.16.2.21 B CAPACITY OF CENTERS	Non-compliance

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Licensure		
<p><u>Deficiencies</u> The center failed to post the maximum capacity of the playground on the doors to the playground. Playground capacity to large playground had fallen off and is on a table next to the door. Regulation: 8.16.2.21B(3)(b)</p> <p><u>Corrective Action Plan</u> The center will post the maximum capacity of the playground on the doors to the playground. Date to be Completed: 03/21/2017</p> <p><u>Deficiencies</u> The center failed to post classroom state approved 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)</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: 03/21/2017</p>		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected	
Administrative Requirements		
8.16.2.22 A ADMINISTRATION RECORDS	Compliance	
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance	
<p>8.16.2.22 C POLICY AND PROCEDURES</p> <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: 03/21/2017</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, <u>sheltier in place lock-down</u>, communication, reunification with parents, <u>individual plans for children with special needs and children with chronic medical conditions accommodations of infantis and toddlers and continuity of operations</u> 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: 03/21/2017</p>	Non-compliance	
8.16.2.22 D FAMILY HANDBOOK	Compliance	
8.16.2.22 E CHILDREN'S RECORDS	Compliance	

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Administrative Requirements		
8.16.2.22 F PERSONNEL RECORDS <u>Deficiencies</u> The center failed to have 1 out of 9 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) <u>Corrective Action Plan</u> The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction. Date to be Completed: 03/21/2017 <u>Deficiencies</u> From the review of staff records, it was determined that 7 out of 9 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) <u>Corrective Action Plan</u> 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: 03/21/2017		Non-compliance
8.16.2.22 G PERSONNEL HANDBOOK		Compliance
Personnel & Staffing		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS		Compliance
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING <u>Deficiencies</u> Educators did not complete the following training within 3-months: Health and Safety Training, 1 of 9 staff; CPR Training, 3 of 9 staff Regulation: 8.16.2.23B(2)(b) <u>Corrective Action Plan</u> 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: 03/21/2017 <u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 9 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) <u>Corrective Action Plan</u> Training will be completed for staff as required and documentation retained on file . Date to be Completed: 03/21/2017		Non-compliance
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES		Non-compliance

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Personnel & Staffing

Deficiencies

The center failed to post the capacity for each activity/interest area. 4 out of 4 classrooms failed to post the capacity for each activity/interest area.

Regulation: 8.16.2.23 C (2)(b)

Corrective Action Plan

Each activity/interest area will have a posted capacity, which may vary according to the activity and size of the space, and will not exceed the group size requirement as specified in Paragraph (1) of Subsection C of 8.16.2.23 NMAC

Date to be Completed: 03/21/2017

Services & Care of Children

8.16.2.24 A GUIDANCE	Compliance
8.16.2.24 B NAPS OR REST PERIOD <u>Deficiencies</u> A blanket/cloth was over the head or face of a child 12 months or younger when the child was laid down to sleep or when sleeping. A blanket wrapped around a child was covering the child's face from the nose down. Regulation: 8.16.2.24B(6) <u>Corrective Action Plan</u> Staff will be instructed to allow nothing over a child's head or face when the child is laid down to sleep or when sleeping. Date to be Completed: 03/21/2017	Non-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	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	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

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Health & Safety Requirements		
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
Buildings, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING <u>Deficiencies</u> The premises in the classrooms are not safe in that hand sanitizer is too low and accessible to children.. Regulation: 8.16.2.29A(1) <u>Corrective Action Plan</u> The safety violation will be corrected and a system for routine safety inspection developed. Date to be Completed: 03/21/2017 <u>Deficiencies</u> The Highchairs are not in good repair as evidenced by torn highchair seat padding. Regulation: 8.16.2.29A(1) <u>Corrective Action Plan</u> Repairs will be completed and a system for routine inspection of the center and premises will be established. Date to be Completed: 03/21/2017		Non-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> Electrical outlets within reach of children in the 3-5's room are not safety outlets and they do not have protective covers. Regulation: 8.16.2.29E(3)(b) <u>Corrective Action Plan</u> Protective covers will be added. Date to be Completed: 03/21/2017		Non-compliance
8.16.2.29 F EXITS AND WINDOWS <u>Deficiencies</u> Exits are not marked with signs having letters at least six inches high and 3/4 inch wide in all classrooms Regulation: 8.16.2.29F(2)(a) <u>Corrective Action Plan</u> Exit signs that meet requirements will be placed at all exits. Date to be Completed: 03/21/2017		Non-compliance
8.16.2.29 G TOILET AND BATHING FACILITIES		Compliance
8.16.2.29 H SAFETY COMPLIANCE		Non-compliance

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Buildings, Grounds & Safety

Deficiencies

The center failed to conduct a fire drill for the month(s) of October; November.

Regulation: 8.16.2.29H(2)

Corrective Action Plan

A monthly fire drill will be held and recorded.

Date to be Completed: 03/21/2017

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.

MP 100

M. Michele Stone

02/21/2017

02/21/2017

Surveyor: Mark Prizzi	Date	Facility Rep: Michele Stone	Date
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