

Center Name: Steps Ahead Learning Center		Address: 3500 Indian School NE Albuquerque, NM 87106			Phone: (505)266-2290		
License Number: 156493	Issue Date: 01/18/2017	Expiration Date: 11/30/2017	Type: 2 Star + Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	71	Under Age 2:	14	Night Care:	0	Playground:	43
		Over 2:	26	Under 2:	7		
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:	07:00 AM	07:00 AM	07:00 AM	07:00 AM	07:00 AM	Closed	Closed
Closing Times:	05:30 PM	05:30 PM	05:30 PM	05:30 PM	05:30 PM		
# of Classrooms: 4	Purpose: Annual		Date: 11/16/2017		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 . 2 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: 12/16/2017	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. 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: 12/16/2017</p> <p><u>Deficiencies</u> 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. <u>Ratio and capacity was not posted in the 3's room and group sizes were not posted in all classrooms.</u> 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: 12/16/2017</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	Not Inspected	
<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: 12/16/2017</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 for 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: 12/16/2017</p>	Non-compliance	
8.16.2.22 D FAMILY HANDBOOK	Not Inspected	
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> From the review of staff records, it was determined that 4 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) <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: 12/16/2017 <u>Deficiencies</u> From the review of staff records, it was determined that 2 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) <u>Corrective Action Plan</u> The center will obtain Form I-9s from all staff and maintain them in their personnel files . Date to be Completed: 12/16/2017		Non-compliance
8.16.2.22 G PERSONNEL HANDBOOK		Not Inspected
Personnel & Staffing		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS		Compliance
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING <u>Deficiencies</u> 3 of 10 Educators did not complete the following training within 3-months: Health and Safety Training 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: 12/16/2017 <u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 10 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation. Regulation: 8.16.2.23B(2)(a) <u>Corrective Action Plan</u> Orientation will be completed and documented for staff noted ; in the future, orientation will be completed prior to time staff begin working with children . Date to be Completed: 12/16/2017		Non-compliance

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Personnel & Staffing		
<p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 10 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)</p> <p><u>Corrective Action Plan</u> Training will be completed for staff as required and documentation retained on file . Date to be Completed: 12/16/2017</p>		
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		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		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
<p><u>Deficiencies</u> The center does not have on duty all educators currently certified in first aid and cardiopulmonary resuscitation (CPR). 1 of 10 staff Regulation: 8.16.2.26B(1)</p> <p><u>Corrective Action Plan</u> All educators must be certified in first aid and cardiopulmonary resuscitation (CPR). Date to be Completed: 12/16/2017</p>		

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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 <u>Deficiencies</u> A vehicle used for transporting children is not equipped with an operable fire extinguisher . Regulation: 8.16.2.28A <u>Corrective Action Plan</u> The vehicle will be equipped with required items. Date to be Completed: 12/16/2017		Non-compliance
Buildings, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING <u>Deficiencies</u> The premises in the back room/staff room are not safe in that door was left open , room contains cleaning chemicals that are 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: 12/16/2017 <u>Deficiencies</u> The Fixtures are not in good repair as evidenced by restroom faucet is loose. 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: 12/16/2017 <u>Deficiencies</u> The Ceiling tiles are not in good repair as evidenced by stained tiles in the school age room. 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: 12/16/2017 <u>Deficiencies</u> The Equipment are not in good repair as evidenced by torn sleeping mats. 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: 12/16/2017		Non-compliance

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Buildings, Grounds & Safety		
<p><u>Deficiencies</u> The premises in the 2's room are not safe in that large shelf is unsecure and is a tipping hazard. Regulation: 8.16.2.29A(1)</p> <p><u>Corrective Action Plan</u> The safety violation will be corrected and a system for routine safety inspection developed. Date to be Completed: 12/16/2017</p>		
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	
<p>8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL</p> <p><u>Deficiencies</u> The center does not have emergency lighting that turns on automatically when electrical service is disrupted. Emergency light above front entrance did not turn on when tested Regulation: 8.16.2.29E(2)</p> <p><u>Corrective Action Plan</u> Emergency lighting will be installed. Date to be Completed: 12/16/2017</p>	Non-compliance	
<p>8.16.2.29 F EXITS AND WINDOWS</p> <p><u>Deficiencies</u> Exits are not marked with signs having letters at least six inches high and 3/4 inch wide in the Infant - (6 wk. - 12 mo.); 2 yr. old class room(s). Interior exits were not labeled Regulation: 8.16.2.29F(2)(a)</p> <p><u>Corrective Action Plan</u> Exit signs that meet requirements will be placed at all exits. Date to be Completed: 12/16/2017</p>	Non-compliance	
8.16.2.29 G TOILET AND BATHING FACILITIES	Compliance	
8.16.2.29 H SAFETY COMPLIANCE	Compliance	
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.

MP 1230

11/16/2017



11/16/2017

Surveyor: Mark Prizzi

Date

Facility Rep: Barbara Garcia

Date