



Facility

Name: *The Alberta House* **License Number:** *140896*
Address: *1115 N. California St., Socorro, NM 87801*
Phone: *5758380800* **Fax:** **E-mail:** *tara@postiveoutcomestherapy.com*

License Information

Type: *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *09/19/2017* **Expiration Date:** *09/18/2018*

Capacity

Over Age 2: *25* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *25*
Square Footage: *0*

Census

Over 2: *5* **Under 2:** *0*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>7:30 AM - 4:30 PM</i>	Tuesday <i>7:30 AM - 4:30 PM</i>	Wednesday <i>7:30 AM - 4:30 PM</i>	Thursday <i>7:30 AM - 4:30 PM</i>	Friday <i>7:30 AM - 4:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *02/12/2018* **Time In:** *12:30 PM* **Time Out:** *3:00 PM* **Purpose:** *Semi-Annual*

Licensure

8.16.2.11 A Types of Licenses	<i>Not Inspected</i>
8.16.2.11 B Renewal of License	<i>Not Inspected</i>
8.16.2.11 D Non-transferable Restrictions of License	<i>Not Inspected</i>
8.16.2.12 A, K, M Licensing Actions and Administrative Appeals	<i>Not Inspected</i>
8.16.2.17 E, F Surveys for Child Care Facilities	<i>Not Inspected</i>
8.16.2.18 D Complaints	<i>Not Inspected</i>
8.16.2.21 A Licensing Requirements	<i>Compliance</i>

Licensure (continued)**8.16.2.21 B Capacity of Centers****Non-compliance**

*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. Group sizes will be posted*

Corrective Action Plan

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: 03/14/2018

8.16.2.21 C Incident Reporting Requirements*Not Inspected***Administrative Requirements****8.16.2.22 A Administrative Records***Compliance***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****Non-compliance**

Of the 5 children's records reviewed, 2 is/are missing the date the child first attended the center. See Children's Records 8.16.2.22 form for the child(ren) with missing information and/or authorization.

Corrective Action Plan

The first attendance date will be added and the center will review all children's records to ensure complete information is on file.

Date to be Completed: 03/14/2018

8.16.2.22 F Personnel Records**Non-compliance**

From the review of staff records, it was determined that 1 out of 3 staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will obtain documentation of a background check.

Date to be Completed: 03/14/2018

Licensure (continued)**8.16.2.22 F Personnel Records (continued)****Non-compliance**

The center failed to have 1 out of 3 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.

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: 03/14/2018

From the review of staff records, it was determined that 3 out of 3 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. All 3 plans stated they are for the year 2017, but were not dated with the date completed

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: 03/14/2018

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****Non-compliance**

From the review of staff records, it was determined that 1 out of 3 staff working more than 20 hours a week, has/have no documentation of at least 24 hours of qualified annual training, See Staff Records 8.16.2.22 form for staff with missing documentation of training.

Corrective Action Plan

Annual training will be completed as required and documentation retained on file.

Date to be Completed: 03/14/2018

Licensure (continued)

- | | |
|---|-----------------------|
| 8.16.2.22 F Personnel Records (continued) | Non-compliance |
| 8.16.2.23 B Staff Qualifications and Training (continued) | Non-compliance |

Educators did not complete the following training within 3-months: Health and Safety Training.

Corrective Action Plan

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: 03/14/2018

- | | |
|--|-------------------|
| 8.16.2.23 C Staff/Child Ratios and Group Sizes | <i>Compliance</i> |
|--|-------------------|

Services & Care of Children

- | | |
|---|----------------------|
| 8.16.2.24 A Guidance | <i>Compliance</i> |
| 8.16.2.24 B Naps or Rest Period | <i>Not Inspected</i> |
| 8.16.2.24 C Additional Requirements for Infants and Toddlers | <i>N/A</i> |
| 8.16.2.24 D Diapering and Toileting | <i>Compliance</i> |
| 8.16.2.24 E Additional Requirements for Children with Special Needs | <i>Compliance</i> |
| 8.16.2.24 F Additional Requirements for Night Care | <i>N/A</i> |
| 8.16.2.24 G Physical Environment | <i>Compliance</i> |
| 8.16.2.24 H Social-Emotional Responsive Environment | <i>Compliance</i> |
| 8.16.2.24 I Equipment and Program | <i>Compliance</i> |
| 8.16.2.24 J Outdoor Play Areas | <i>Compliance</i> |
| 8.16.2.24 K Swimming, Wadding and Water | <i>N/A</i> |
| 8.16.2.24 L Field Trips | <i>N/A</i> |

Food Service

- | | |
|------------------------------|-------------------|
| 8.16.2.25 B Meals and Snacks | <i>Compliance</i> |
| 8.16.2.25 C Menus | <i>Compliance</i> |
| 8.16.2.25 D Kitchens | <i>Compliance</i> |
| 8.16.2.25 E Meal Times | <i>Compliance</i> |

Health & Safety Requirements

- | | |
|--|----------------------|
| 8.16.2.26 A Hygiene | <i>Compliance</i> |
| 8.16.2.26 B First Aid Requirements | <i>Compliance</i> |
| 8.16.2.26 C Medication | <i>Not Inspected</i> |
| 8.16.2.27 A-D Illness Requirements for Centers | <i>Not Inspected</i> |

Licensure (continued)

- 8.16.2.22 F Personnel Records (continued) **Non-compliance**
- 8.16.2.23 B Staff Qualifications and Training (continued) **Non-compliance**

Buildings, Grounds & Safety (continued)

- 8.16.2.28 A-H Transportation Requirements for Centers N/A

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 *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 **Non-compliance**

The center failed to conduct an emergency preparedness practice drills for at least once a quarter.

Corrective Action Plan

A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.

Date to be Completed: 03/14/2018

- 8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances *Compliance*
- 8.16.2.29 J Pets *Compliance*

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: Mark Prizzi



Facility Representative: Diana Acosta Tara Jaramillo