



Facility

Name: *The Alberta House* **License Number:** *140896*
Address: *1115 N. California St., Socorro, NM 87801*
Phone: *5758380800* **Fax:** **E-mail:** *n/a*

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: *14* **Under 2:** *0*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>7:00 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: *07/19/2018* **Time In:** *9:45 AM* **Time Out:** *12:00 PM* **Purpose:** *Annual*

Licensure

8.16.2.11 A Types of Licenses Non-compliance

The child care facility failed to submit a new application to the licensing authority before modifying information required to be stated on the license as follows: capacity.

Corrective Action Plan
A notarized renewal application will be completed and submitted with the required fee prior to any changes being made to the current license.

Regulation: *8.16.2.11.A.3.* Date to be Completed: *08/18/2018*

8.16.2.11 B Renewal of License Not Inspected

Licensure (*continued*)

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>
8.16.2.21 B Capacity of Centers	<i>Compliance</i>
8.16.2.21 C Incident Reporting Requirements	<i>Not Inspected</i>

Administrative Requirements

8.16.2.22 A Administrative Records	Non-compliance
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The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent environmental health inspection report for caterer.

Corrective Action Plan

The center will post the missing item.

Regulation: 8.16.2.22.A.

Date to be Completed: 08/18/2018

8.16.2.22 B Mission, Philosophy and Curriculum Statement	<i>Compliance</i>
8.16.2.22 C Policy and Procedures	<i>Compliance</i>
8.16.2.22 D Family Handbook	<i>Compliance</i>
8.16.2.22 E Children's Records	<i>Compliance</i>
8.16.2.22 F Personnel Records	Non-compliance

The center failed to have 3 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.

Regulation: 8.16.2.22.F.1.f.

Date to be Completed: 08/18/2018

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

From the review of staff records, it was determined that 2 out of 3 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. No training logs for current year, logs in file are from previous years training.

Corrective Action Plan

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

Regulation: 8.16.2.22.F.1.h.

Date to be Completed: 08/18/2018

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.

Corrective Action Plan

The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file.

Regulation: 8.16.2.22.F.1.n.

Date to be Completed: 08/18/2018

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****Non-compliance**

From the review of staff records, it was determined that 2 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.

Regulation: 8.16.2.23.B.2.d.

Date to be Completed: 08/18/2018

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****N/A**

Services & Care of Children (*continued*)

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, Wadding 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	Non-compliance

Menu was not posted at least one week in advance, in a conspicuous place, for review by parents, caregivers and children.

Corrective Action Plan

The facility will post their menus for the next week at the beginning of the current week where it can be viewed by parents, care givers and children.

Regulation: 8.16.2.25.C.3.

Date to be Completed: 08/18/2018

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

The center's first aid kit does not contain Scissors.

Corrective Action Plan

Missing items will be added to the first-aid kit; staff will be reminded to replace any item used.

Regulation: 8.16.2.26.B.2.

Date to be Completed: 08/18/2018

8.16.2.26 C Medication	Compliance
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Health & Safety Requirements (*continued*)

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	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	Non-compliance

Exits are not marked with signs having letters at least six inches high and 3/4 inch wide in the 2 yr. old class room(s).

Corrective Action Plan

Exit signs that meet requirements will be placed at all exits.

Regulation: 8.16.2.29.F.2.a.

Date to be Completed: 08/18/2018

8.16.2.29 G Toilet and Bathing Facilities	Compliance
8.16.2.29 H Safety Compliance	Non-compliance

The center failed to conduct a fire drill for the month(s) of April, May.

Regulation: 8.16.2.29.H.2.

Date to be Completed: 08/18/2018

*The center does not have verification of an annual fire inspection from the fire authority having jurisdiction.
Expires on 7-21-18*

Corrective Action Plan

An annual fire inspection will be requested from the fire authority having jurisdiction over the center.

Regulation: 8.16.2.29.H.3.e.

Date to be Completed: 08/18/2018

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.

(continued)

Regulation: 8.16.2.29.H.1.

Date to be Completed: 08/18/2018

8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances Compliance

8.16.2.29 J Pets N/A

Additional Comments

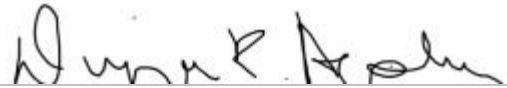
Center has been approved to add 2 new pre-k classes. Center has moved the classroom to another part of the building. Director will submit new change of capacity application.

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