

Center Name: The Alberta House		Address: 1115 N. California St. Socorro, NM 87801			Phone: (575)838-0800		
License Number: 140896	Issue Date: 09/19/2016	Expiration Date: 09/18/2017	Type: 2 Star Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	25	Under Age 2:	0	Night Care:	0	Playground:	25
		Over 2:	4			Under 2:	0
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:	07:30 AM	07:30 AM	07:30 AM	07:30 AM	07:30 AM	Closed	Closed
Closing Times:	04:30 PM	04:30 PM	04:30 PM	04:30 PM	04:30 AM		
# of Classrooms: 1	Purpose: Annual		Date: 07/14/2017		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	Compliance
8.16.2.21 B CAPACITY OF CENTERS	Compliance
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
8.16.2.22 C POLICY AND PROCEDURES	Non-compliance
<p><u>Deficiencies</u></p> <p>(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 of infants and toddlers and continuity of operations</p> <p>Regulation: 8.16.2.22C(8)</p> <p><u>Corrective Action Plan</u></p> <p>An emergency evacuation and disaster preparedness plan will be developed.</p> <p>Date to be Completed: 08/14/2017</p>	

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Administrative Requirements		
8.16.2.22 D FAMILY HANDBOOK		Compliance
8.16.2.22 E CHILDREN'S RECORDS		Compliance
<p>8.16.2.22 F PERSONNEL RECORDS</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 4 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed. Regulation: 8.16.2.22F(1)(P)</p> <p><u>Corrective Action Plan</u> The center will have staff complete the required acknowledgement and will retain on file. Date to be Completed: 08/14/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 4 out of 4 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)</p> <p><u>Corrective Action Plan</u> The center will add staff's current and past duties and responsibilities to the record. Date to be Completed: 08/14/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 4 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. Regulation: 8.16.2.22F(1)(h)</p> <p><u>Corrective Action Plan</u> The center will obtain verification of all training and retain on file. Date to be Completed: 08/14/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 2 out of 4 staff records does/do not include signed acknowledgement that the personnel handbook had been read and understood. See Staff Records 8.16.2.22 form for staff who need to complete the acknowledgement. Regulation: 8.16.2.22F(1)(o)</p> <p><u>Corrective Action Plan</u> The center will have staff complete the required acknowledgement and will retain on file . Date to be Completed: 08/14/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 4 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)</p> <p><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: 08/14/2017</p>		Non-compliance

Center Name: The Alberta House	License Number: 140896	Date: 07/14/2017
Administrative Requirements		
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> From the review of staff records, it was determined that 3 out of 4 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: 08/14/2017 <u>Deficiencies</u> 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: 08/14/2017 <u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 4 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. Employee is enrolled in 45 hr course, but has not completed it yet 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: 08/14/2017	Non-compliance	
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Compliance	
Services & Care of Children		
8.16.2.24 A GUIDANCE <u>Deficiencies</u> Of the 4 staff's records reviewed, 3 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. Regulation: 8.16.2.24A(1) <u>Corrective Action Plan</u> The center will review all staff's records to ensure a signed staff acknowledgement is on file. Date to be Completed: 08/14/2017	Non-compliance	
8.16.2.24 B NAPS OR REST PERIOD	Not Inspected	
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	N/A	

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Services & Care of Children		
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 <u>Deficiencies</u> The center does not have on duty all educators currently certified in first aid and cardiopulmonary resuscitation (CPR). Regulation: 8.16.2.26B(1) <u>Corrective Action Plan</u> All educators must be certified in first aid and cardiopulmonary resuscitation (CPR). Date to be Completed: 08/14/2017		Non-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
Buildings, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING <u>Deficiencies</u> The premises in the playground are not safe in that a ladder is out and extended to the roof. 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: 08/14/2017		Non-compliance
8.16.2.29 B PEST CONTROL		Compliance
8.16.2.29 C MECHANICAL SYSTEMS		Compliance

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Buildings, Grounds & Safety		
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. Emergency light near the playground entrance did not turn on when tested Regulation: 8.16.2.29E(2) <u>Corrective Action Plan</u> Emergency lighting will be installed. Date to be Completed: 08/14/2017	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. Not logged on log 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: 08/14/2017 <u>Deficiencies</u> The center failed to conduct a fire drill for the month(s) of March. Regulation: 8.16.2.29H(2) <u>Corrective Action Plan</u> A monthly fire drill will be held and recorded. Date to be Completed: 08/14/2017 <u>Deficiencies</u> The center's record of fire drills does not include the following : the date; the time. No day/month for April, no day for May, and no time for July Regulation: 8.16.2.29H(3)(d) <u>Corrective Action Plan</u> The record of fire drills will include all required information. Date to be Completed: 08/14/2017 <u>Deficiencies</u> The center's fire extinguisher in the kitchen is not tagged with the date of inspection . Regulation: 8.16.2.29H(3)(k) <u>Corrective Action Plan</u> Equipment will be maintained and inspected yearly. Date to be Completed: 08/14/2017	Non-compliance	

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Buildings, Grounds & Safety

Deficiencies

The center does not have verification of an annual fire inspection from the fire authority having jurisdiction. Expired 10-27-16

Regulation: 8.16.2.29H(3)(e)

Corrective Action Plan

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

Date to be Completed: 08/14/2017

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 1100

07/14/2017

Diana K Acosta

07/14/2017

Surveyor: Mark Prizzi	Date	Facility Rep: Diana Acosta	Tara Jaramillo	Date
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