

<b>Center Name:</b> Ariana Franco		<b>Address:</b> 1614 N. Greenwood Ave. Roswell, NM 88201			<b>Phone:</b> (575)317-1118		
<b>License Number:</b> 167642	<b>Issue Date:</b> 09/15/2017	<b>Expiration Date:</b> 12/14/2017	<b>Type:</b> 2 Star Group Child Care Home		<b>Status:</b> Licensed		
<b>Capacity</b>					<b>Census</b>		
Over Age 2:	6	Under Age 2:	2	Night Care:	0	Playground:	0
		Over 2:	0	Under 2:	2		
<b>Days and Hours of Operation</b>							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	05:30 AM	05:30 AM	05:30 AM	05:30 AM	05:30 AM	05:30 AM	Closed
Closing Times:	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	
<b># of Classrooms:</b> 2	<b>Purpose:</b> Initial		<b>Date:</b> 11/15/2017		<b>Time:</b> 09:30 AM		
<b>Comments</b> Provider has already taken a 45 Hour Equivalent course, she will get proof for her file. Provider is aware of the need for and will perform the quarterly Disaster Preparedness drills starting in the fourth quarter 2017.							

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

### Licensure

<b>8.16.2.31 A LICENSING REQUIREMENTS</b>	Compliance
<b>8.16.2.31 B CAPACITY OF A HOME</b>	Compliance
<b>8.16.2.31 C INCIDENT REPORTING REQUIREMENTS</b>	Compliance

### Administrative Requirements

<b>8.16.2.32 A ADMINISTRATIVE RECORDS</b>  <u><b>Deficiencies</b></u> The licensee does not have on file the following: the current list of notifiable diseases and communicable diseases published by the office of epidemiology of the New Mexico department of health. <b>Regulation:</b> 8.16.2.32A(1)-(5)  <u><b>Corrective Action Plan</b></u> All required items will be on file for review. <b>Date to be Completed:</b> 12/15/2017	Non-compliance
<b>8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT</b>	Compliance
<b>8.16.2.32 C PARENT HANDBOOK</b>  <u><b>Deficiencies</b></u> The home's policies and procedures regarding the following need to be included: policies and procedures for expulsion of children. <b>Regulation:</b> 8.16.2.32C(1)(2)  <u><b>Corrective Action Plan</b></u> A parent handbook with required general information and policies and procedures will be completed and distributed. <b>Date to be Completed:</b> 12/15/2017	Compliance
<b>8.16.2.32 D CHILDREN'S RECORDS</b>	Non-compliance

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**Administrative Requirements**

**Deficiencies**

Of the 8 children's records reviewed, 2 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.32 form for the child(ren) with no immunization/exemption.

**Regulation:** 8.16.2.32D(1)(e)

**Corrective Action Plan**

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

**Date to be Completed:** 12/15/2017

**Deficiencies**

Of the 8 children's records reviewed, 4 is/are missing a document giving the home permission to transport the child in a medical emergency and authorization for medical treatment signed by a parent or guardian. See Children's Records 8.16.2.32 form for the child(ren) with missing information.

**Regulation:** 8.16.2.32D(2)(d)

**Corrective Action Plan**

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

**Date to be Completed:** 12/15/2017

**8.16.2.32 E PERSONNEL RECORDS**

Non-compliance

**Deficiencies**

The home does not have a written plan for ongoing professional development for each staff member, including the director, that is based on the seven areas of competency, consistent with the career lattice, and based on the individual's goals.

**Regulation:** 8.16.2.32E(4)

**Corrective Action Plan**

A written plan for employee development will be developed.

**Date to be Completed:** 12/15/2017

**8.16.2.32 F PERSONNEL HANDBOOK**

Compliance

**Personnel & Staffing**

**8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS**

Non-compliance

**Deficiencies**

The home failed to provide CYFD a written statement concerning the circumstances and disposition of the arrest or substantiated referral of 3 out of 3 staff.

**Regulation:** 8.16.2.33A(1)

**Corrective Action Plan**

The home will provide completed statements to CYFD immediately and put processes in place to prevent a recurrence.

**Date to be Completed:** 12/15/2017

**8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING**

Non-compliance

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### Personnel & Staffing

**Deficiencies**

The home failed to keep a training log on file with employee's name; date of hire; position; date of training; clock hours; competency area; source of training; training certificate for 3 out of 3 staff. See Staff Records 8.16.2.32 form for staff who are missing a complete training log.

**Regulation:** 8.16.2.33B(2)

**Corrective Action Plan**

A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificates.

**Date to be Completed:** 12/15/2017

### Services & Care of Children

**8.16.2.34 A GUIDANCE**

Non-compliance

**Deficiencies**

The home failed to have 3 out of 3 staff sign a form to acknowledge that they have read and understood the policies and procedures outlining the guidance practices.

**Regulation:** 8.16.2.34A(1)

**Corrective Action Plan**

The home will provide to all staff the policies and procedures that outline the guidance practices, staff will also sign a form to acknowledge that they have read and understood these policies and procedures.

**Date to be Completed:** 12/15/2017

**8.16.2.34 B NAPS OR REST PERIOD**

Non-compliance

**Deficiencies**

The mats being used do not have a nonabsorbent, cleanable surface.

**Regulation:** 8.16.2.34B(4)

**Corrective Action Plan**

The home will provide cots/mats with a nonabsorbent, cleanable surface.

**Date to be Completed:** 12/15/2017

**8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS**

Compliance

**8.16.2.34 D DIAPERING AND TOILETING**

Compliance

**8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS**

Compliance

**8.16.2.34 F NIGHT CARE**

Not Inspected

**8.16.2.34 G PHYSICAL ENVIRONMENT**

Compliance

**8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT**

Compliance

**8.16.2.34 I EQUIPMENT AND PROGRAM**

Compliance

**8.16.2.34 J OUTDOOR PLAY**

Compliance

**8.16.2.34 K SWIMMING, WADING AND WATER**

Not Inspected

**8.16.2.34 L FIELD TRIPS**

Not Inspected

### Food Service

**8.16.2.35 B MEALS AND SNACKS**

Compliance

<b>Center Name:</b> Ariana Franco	<b>License Number:</b> 167642	<b>Date:</b> 11/15/2017
<b>Food Service</b>		
<b>8.16.2.35 C MENUS</b> <u>Deficiencies</u> Weekly menus are not dated and posted in an area easily visible to parents ; posted at least one week in advance. <b>Regulation:</b> 8.16.2.35C(1) <u>Corrective Action Plan</u> A dated weekly menu will be posted in an area visible to parents . Menus shall be posted at least one week in advance, in a conspicuous place, for review by parents, educators and children. <b>Date to be Completed:</b> 12/15/2017	Non-compliance	
<b>8.16.2.35 D KITCHENS</b> <u>Deficiencies</u> The home's freezer does not have a working internal thermometer. <b>Regulation:</b> 8.16.2.35D(7) <u>Corrective Action Plan</u> A working internal thermometer will be obtained. <b>Date to be Completed:</b> 12/15/2017	Non-compliance	
<b>8.16.2.35 E MEAL TIMES</b>	Compliance	
<b>Health &amp; Safety Requirements</b>		
<b>8.16.2.36 A HYGIENE</b>	Compliance	
<b>8.16.2.36 B FIRST AID REQUIREMENTS</b>	Compliance	
<b>8.16.2.36 C MEDICATION</b>	Compliance	
<b>8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES</b>	Compliance	
<b>8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES</b>	Compliance	
<b>Buildings, Grounds &amp; Safety</b>		
<b>8.16.2.38 A HOUSEKEEPING</b>	Compliance	
<b>8.16.2.38 B PEST CONTROL</b>	Not Inspected	
<b>8.16.2.38 C MECHANICAL SYSTEMS</b>	Compliance	
<b>8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL</b>	Compliance	
<b>8.16.2.38 E EXITS</b>	Compliance	
<b>8.16.2.38 F TOILET AND BATHING FACILITIES</b>	Compliance	
<b>8.16.2.38 G SAFETY COMPLIANCE</b> <u>Deficiencies</u> The home failed to conduct a fire drill for the month(s) of September; October. <b>Regulation:</b> 8.16.2.38G(3) <u>Corrective Action Plan</u> A monthly fire drill will be held and recorded. <b>Date to be Completed:</b> 11/15/2017	Non-compliance	
<b>8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>	Compliance	
<b>8.16.2.38 I PETS</b>	N/A	

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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.

*Nicholas Conde 11:30 AM*

11/15/2017

*Ariana Franco*

11/15/2017

Surveyor: Nicholas Conde	Date	Facility Rep: Ariana Franco	Date
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