

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

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				enwood Ave						
		-						(57	5)317-1118	
Issue Date:	Expi	iration Date:		Туре:			Status:			
09/15/2017	12/14	4/2017		2 Star Grou	p Child Care Home		Licensed	1		
			•			Ce	nsus			
Under Age 2:	2	Night Care:		0 PI	ayground: 0	Ove	er 2:	0	Under 2:	2
Operation										
		Tuesday			Thursday					<u>Sunday</u>
										Closed
3: 12:00 AM			12	:00 AM		12:0	JU AM	1	AM	
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	Innual				11/13/2017			09.30 AN	1	
y taken a 45 Hou	ır Equivale	ent course, she	e will ge	et proof fo	or her file. Provider is	aware	of the nee	d for and v	vill	
ly Disaster Prepa	aredness d	Irills starting in t	the fou	urth quarte	er 2017.					
VEY OF YOUR FAC	ILITY HAS E	BEEN MADE AND	YOU A	RE NOTIFIE	D OF NON-COMPLIANC	E OF THI	E REGULAT	IONS AS NO	TED BELOW:	
				Licer	nsure					
SING REQUIREN	MENTS									Compliance
ITY OF A HOME										Compliance
INT REPORTING	REQUIRE	EMENTS								Compliance
		Ac	dmini	istrative	Requirements					
ISTRATIVE REC	ORDS								1	Non-compliance
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II HANDBOOK										Compliance
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5.2.32C(1)(2)									1	
5.2.32C(1)(2) ion Plan										
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ion Plan ok with required g istributed. pleted: 12/15/2017	-	formation and p	oolicies	s and proc	edures will be					
i <mark>on Plan</mark> ok with required o istributed.	-	formation and p	oolicies	s and proc	edures will be				1	Non-compliance
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S.2.32A(1)-(5) ion Plan INS will be on file pleted: 12/15/2017 DN, PHILOSOPH IT HANDBOOK	09/15/2017 12/12 Under Age 2: 2 Operation Monday s: 05:30 AM s: 12:00 AM Purpose: Initial Ay taken a 45 Hour Equivale Purpose: Initial Note: Ay taken a 45 Hour Equivale Initial Ay taken a 45 Hour Equivale Initial By taken a 45 Hour Equivale Initial Ay taken a 45 Hour Equivale Initial By taken a 45 Hour Equivale Initial Sing Require Initial ISTRATIVE RECORDS Initial Dees not have on file the for revie Initial By any taken a file Initial In Plan Initial <	Addr 1614 I Roswi 19/15/2017 Expiration Date: 09/15/2017 12/14/2017 Under Age 2: 2 Night Care: Operation Monday Tuesday 05:30 AM 05:30 AM 3: 05:30 AM 05:30 AM 3: 12:00 AM 12:00 AM Purpose: Initial Ny taken a 45 Hour Equivalent course, she ty Disaster Preparedness drills starting in RVEY OF YOUR FACILITY HAS BEEN MADE AND SING REQUIREMENTS CITY OF A HOME ENT REPORTING REQUIREMENTS CITY OF A HOME ENT REPORTING REQUIREMENTS Dees not have on file the following: the diseases published by the office of ep- health. 6.2.32A(1)-(5) ion Plan ns will be on file for review. pleted: 12/15/2017 DN, PHILOSOPHY AND CURRICULUM ST AT HANDBOOK	Address: 1614 N. Gree Roswell, NM Issue Date: Expiration Date: 09/15/2017 12/14/2017 Under Age 2: 2 Night Care: Operation Monday Tuesday Wea S: 05:30 AM 05:30 AM 05 S: 12:00 AM 12:00 AM 12 Purpose: Initial ty taken a 45 Hour Equivalent course, she will get ty taken a 45 Hour Equivalent to the following: the current diseases published by the office of epidemine the alth. a.2.32A(1)-(5) ion Plan ns will be on file for review. pleted: 12/15/2017 DN, PHILOSOPHY AND CURRICULUM STATEM IT HANDBOOK	1614 N. Greenwood Ave Roswell, NM 88201 Issue Date: Expiration Date: Type: 09/15/2017 12/14/2017 2 Star Grou Under Age 2: 2 Night Care: 0 PI Operation Itesday Wednesday 05:30 AM 05:30 AM<	Address: 1614 N. 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Center Name:	License Number:	Date:
Ariana Franco	167642	11/15/2017
Administrative Rec	uirements	
Deficiencies Of the 8 children's records reviewed, 2 is/are missing a copy of an up-to- record or public health division approved exemption. See Children's Rec 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 before a child is admitted. Date to be Completed: 12/15/2017	s been obtained	
Deficiencies Of the 8 children's records reviewed, 4 is/are missing a document giving permission to transport the child in a medical emergency and authorizati treatment signed by a parent or guardian. See Children's Records 8.16.2 child(ren) with missing information. Regulation: 8.16.2.32D(2)(d)	on for medical	
Corrective Action Plan The home will review a child's record to ensure complete information has before a child is admitted. Date to be Completed: 12/15/2017	s been obtained	
 8.16.2.32 E PERSONNEL RECORDS <u>Deficiencies</u> The home does not have a written plan for ongoing professional develop member, including the director, that is based on the seven areas of com with the career lattice, and based on the individual's goals. Regulation: 8.16.2.32E(4) <u>Corrective Action Plan</u>		Non-compliance
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 & S	taffing	
 8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS <u>Deficiencies</u> The home failed to provide CYFD a written statement concerning the circle disposition of the arrest or substantiated referral of 3 out of 3 staff. Regulation: 8.16.2.33A(1)		Non-compliance
Corrective Action Plan The home will provide completed statements to CYFD immediately and place to prevent a recurrence. Date to be Completed: 12/15/2017	out processes in	
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING		Non-compliance

Center Name:	License Number:	Date:
Ariana Franco	167642	11/15/2017
	Personnel & Staffing	
Deficiencies The home failed to keep a training log on file with emp date of training; clock hours; competency area; source out of 3 staff. See Staff Records 8.16.2.32 form for sta log. Regulation: 8.16.2.33B(2) Corrective Action Plan A training log will be completed for each staff that inclu hire, and position, date of training, clock hours, compe training certificates. Date to be Completed: 12/15/2017	e of training; training certificate for 3 iff who are missing a complete training ides the employee 's name, date of	
Se	ervices & Care of Children	
 8.16.2.34 A GUIDANCE <u>Deficiencies</u> The home failed to have 3 out of 3 staff sign a form to understood the policies and procedures outlining the g Regulation: 8.16.2.34A(1) Correction Action Plane		Non-compliance
Corrective Action Plan The home will provide to all staff the policies and proce practices, staff will also sign a form to acknowledge that these policies and procedures. Date to be Completed: 12/15/2017	-	
 8.16.2.34 B NAPS OR REST PERIOD <u>Deficiencies</u> The mats being used do not have a nonabsorbent, clear Regulation: 8.16.2.34B(4) <u>Corrective Action Plan</u> The home will provide cots/mats with a nonabsorbent, Date to be Completed: 12/15/2017		Non-compliance
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AN		Compliance
8.16.2.34 D DIAPERING AND TOILETING		Compliance
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN V	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 ENVIRONME	ENT	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
Survey Report Form		Page 3 of t

Center Name:	License Number:	Date:	
Ariana Franco	167642	11/15/2017	
Fc	ood Service		
8.16.2.35 C MENUS			Non-compliance
Deficiencies Weekly menus are not dated and posted in an area easily visit	ple to parents : posted at least		
one week in advance.			
Regulation: 8.16.2.35C(1)			
Corrective Action Plan A dated weekly menu will be posted in an area visible to paren least one week in advance, in a conspicuous place, for review children. Date to be Completed: 12/15/2017			
8.16.2.35 D KITCHENS			Non-compliance
Deficiencies			Non-compliance
The home's freezer does not have a working internal thermom	eter.		
Regulation: 8.16.2.35D(7)			
Corrective Action Plan			
A working internal thermometer will be obtained. Date to be Completed: 12/15/2017			
8.16.2.35 E MEAL TIMES			Compliance
Health & S	afety Requirements		
8.16.2.36 A HYGIENE	alety Requirements		Compliance
8.16.2.36 B FIRST AID REQUIREMENTS			Compliance
8.16.2.36 C MEDICATION			Compliance
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Compliance
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES			Compliance
Buildings	, Grounds & Safety	·	
8.16.2.38 A HOUSEKEEPING			Compliance
8.16.2.38 B PEST CONTROL			Not Inspected
8.16.2.38 C MECHANICAL SYSTEMS			Compliance
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL			Compliance
8.16.2.38 E EXITS			Compliance
8.16.2.38 F TOILET AND BATHING FACILITIES			Compliance
8.16.2.38 G SAFETY COMPLIANCE			Non-compliance
Deficiencies The home failed to conduct a fire drill for the month(a) of Conte	ambari Ostobar		
The home failed to conduct a fire drill for the month(s) of Septe Regulation: 8.16.2.38G(3)			
Corrective Action Plan			
A monthly fire drill will be held and recorded.			
Date to be Completed: 11/15/2017			
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEG	AL DRUGS AND CONTROLLED SUBST	ANCES	Compliance
8.16.2.38 I PETS			N/A
Survey Report Form			Page 4 of 5

Center Name:	License Number:	Date:
Ariana Franco	167642	11/15/2017

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.

11/15/2017

Frank

Surveyor:Nicholas Conde

Date

Facility Rep:Ariana Franco

Survey Report Form

Date

11/15/2017