



Center Name: CATHY GAMBOA			Address: 1519 South Monroe Roswell, NM 88203			Phone: (575)840-5341		
License Number: 73565	Issue Date: 11/11/2016	Expiration Date: 11/10/2017	Type: 2 Star Group Child Care Home			Status: Licensed		
Capacity Over Age 2: 8 Under Age 2: 4 Night Care: 0 Playground: 0						Census Over 2: 2 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:	06:00 AM	06:00 AM	06:00 A	06:00 A	06:00 A	06:00 A	Closed	
Closing Times:	11:00 P	11:00 P	11:00 P	11:00 P	11:00 P	11:00 P		
# of Classrooms: 1		Purpose: Annual		Date: 09/20/2017		Time: 09:30 AM		
Comments Gave TTA on Disaster Preparedness drills starting for the 3rd quarter of 2017. Gave advice on expulsion policy. One of the second caregiver's background will expire in November 2017. The fire Extinguishers will need to be reinspected by the end of September 2017. Surveyor will provide the provider handouts on the expulsion policy and the disaster preparedness drills.								

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

Licensure	
8.16.2.31 A LICENSING REQUIREMENTS	Compliance
8.16.2.31 B CAPACITY OF A HOME	Compliance
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	Compliance
Administrative Requirements	
8.16.2.32 A ADMINISTRATIVE RECORDS	Compliance
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance
8.16.2.32 C PARENT HANDBOOK	Compliance
8.16.2.32 D CHILDREN'S RECORDS <u>Deficiencies</u> Of the 12 children's records reviewed, 6 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) <u>Corrective Action Plan</u> The home will review a child's record to ensure complete information has been obtained before a child is admitted. Date to be Completed: 10/20/2017	Non-compliance
8.16.2.32 E PERSONNEL RECORDS	Non-compliance

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Administrative Requirements		
<p><u>Deficiencies</u> The home does not have a record of the time the second care giver(s) arrived at and left work including breaks and lunch. Regulation: 8.16.2.32E(3)</p> <p><u>Corrective Action Plan</u> A record of the second care giver(s) work schedule will be maintained for review. Date to be Completed: 10/20/2017</p> <p><u>Deficiencies</u> 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)</p> <p><u>Corrective Action Plan</u> A written plan for employee development will be developed. Date to be Completed: 10/20/2017</p>		
<p>8.16.2.32 F PERSONNEL HANDBOOK</p> <p><u>Deficiencies</u> The provider did not have a personnel handbook for each non-resident employee. The following information needs to be included: job descriptions of all employees by title; code of conduct; training requirements, professional development opportunities; procedures and criteria for performance evaluations. Regulation: 8.16.2.32F</p> <p><u>Corrective Action Plan</u> A personnel handbook with required information will be completed and distributed to each non -resident employee. Date to be Completed: 10/20/2017</p>		Non-compliance
Personnel & Staffing		
<p>8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS</p> <p><u>Deficiencies</u> Current educators did not complete the health and safety traning within three (3) months of their date of hire. Regulation: 8.16.2.33 B(1)</p> <p><u>Corrective Action Plan</u> All educators, regardless of the number of hours per week, will complete the above listed training. Date to be Completed: 10/20/2017</p>		Non-compliance
<p>8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING</p>		Compliance

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Personnel & Staffing		
<p><u>Deficiencies</u> The home failed to keep a training log on file with employee's name; date of hire; 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)</p> <p><u>Corrective Action Plan</u> 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: 10/20/2017</p>		
Services & Care of Children		
8.16.2.34 A GUIDANCE	Compliance	
<p>8.16.2.34 B NAPS OR REST PERIOD</p> <p><u>Deficiencies</u> The home does not provide an individual bed, cot, or mat for each child.The mats the center had mats that were torn. Regulation: 8.16.2.34B(3)</p> <p><u>Corrective Action Plan</u> An individual bed, cot, or mat will be provided for each child. Date to be Completed: 10/20/2017</p>	Non-compliance	
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliance	
<p>8.16.2.34 D DIAPERING AND TOILETING</p> <p><u>Deficiencies</u> The diaper changing surface is not waterproof. Regulation: 8.16.2.34D(4)</p> <p><u>Corrective Action Plan</u> The change surface will be discarded and replaced with a surface that is waterproof . Date to be Completed: 10/20/2017</p>	Non-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	
<p>8.16.2.34 J OUTDOOR PLAY</p> <p><u>Deficiencies</u> Playground equipment is not safe as evidenced by the following: accessible sharp edges or points. Regulation: 8.16.2.34J(1)(a)(b)</p> <p><u>Corrective Action Plan</u> Equipment will be removed or made inaccessible until repairs can be made. A schedule for routine inspection and maintenance will be devised. Date to be Completed: 10/20/2017</p>	Non-compliance	

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Services & Care of Children		
8.16.2.34 K SWIMMING, WADING AND WATER	N/A	
8.16.2.34 L FIELD TRIPS	Not Inspected	
Food Service		
8.16.2.35 B MEALS AND SNACKS	Compliance	
8.16.2.35 C MENUS	Compliance	
8.16.2.35 D KITCHENS <u>Deficiencies</u> A leftover is not properly stored; the item is not labeled and dated. Regulation: 8.16.2.35D(4) <u>Corrective Action Plan</u> Proper food storage practices will be implemented. Date to be Completed: 10/20/2017	Non-compliance	
8.16.2.35 E MEAL TIMES	Compliance	
Health & Safety Requirements		
8.16.2.36 A HYGIENE	Compliance	
8.16.2.36 B FIRST AID REQUIREMENTS <u>Deficiencies</u> The home's first aid kit does not contain gauze pads; a thermometer. Regulation: 8.16.2.36B(1) <u>Corrective Action Plan</u> Missing items will be added to the first-aid kit and replaced as used. Date to be Completed: 10/20/2017	Non-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 <u>Deficiencies</u> The vehicle used for transporting children does not have insurance coverage. Regulation: 8.16.2.37F <u>Corrective Action Plan</u> insurance coverage will be obtained. Date to be Completed: 10/20/2017	Non-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	

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Buildings, Grounds & Safety		
8.16.2.38 G SAFETY COMPLIANCE	Compliance	
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	Compliance	
8.16.2.38 I 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.

 09/20/2017	 09/20/2017
Surveyor: Nicholas Conde	Facility Rep: Cathy Gamboa