



### Facility

Name: *Carolann Gonzales* License Number: *123450*  
 Address: *1501 West Aztec Sp. 7, Gallup, NM 87301*  
 Phone: *5058631976* Fax: E-mail: *carolgonzales1501@gmail.com*

### License Information

Type: *2 Star Family Child Care Home* Status: *Licensed* Issue Date: *08/08/2018* Expiration Date: *08/07/2019*

### Capacity

Over Age 2: *4* Under Age 2: *2* Night Care: *0* Playground: *0*  
 Square Footage: *0*

### Census

Over 2: *0* Under 2: *0*

### Classrooms

Number of Classrooms: *1*

### Days and Hours of Operation

<b>Monday</b> <i>6:00 AM - 12:00 AM</i>	<b>Tuesday</b> <i>6:00 AM - 12:00 AM</i>	<b>Wednesday</b> <i>6:00 AM - 12:00 AM</i>	<b>Thursday</b> <i>6:00 AM - 12:00 AM</i>	<b>Friday</b> <i>6:00 AM - 12:00 AM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

### Inspection

Date: *12/17/2018* Time In: *3:00 PM* Time Out: *3:45 PM* Purpose: *Semi-Annual*

### 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*

**Administrative Requirements (continued)**

**8.16.2.32 D Children's Records**

**Non-compliance**

*Of the 3 children's records reviewed, 1 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.*

*Corrective Action Plan*

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

Regulation: 8.16.2.32.D.1.e.

Date to be Completed: 01/16/2019

*Of the 3 children's records reviewed, 1 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.32 form for the child(ren) with missing information.*

*Corrective Action Plan*

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

Regulation: 8.16.2.32.D.2.c.

Date to be Completed: 01/16/2019

**8.16.2.32 E Personnel Records**

*Compliance*

**8.16.2.32 F Personnel Handbook**

*Compliance*

**Personnel & Staffing**

**8.16.2.33 A Personnel and Staffing Requirements**

*Compliance*

**8.16.2.33 B Staff Qualifications and Training**

*Compliance*

**Services & Care of Children**

**8.16.2.34 A Guidance**

*Compliance*

**8.16.2.34 B Naps or Rest Period**

*Compliance*

**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**

*N/A*

**8.16.2.34 G Physical Environment**

*Compliance*

**8.16.2.34 H Social-Emotional Responsive Environment**

*Compliance*

**Services & Care of Children (*continued*)**

8.16.2.34 I Equipment and Program	<i>Compliance</i>
8.16.2.34 J Outdoor Play	<i>Compliance</i>
8.16.2.34 K Swimming, Wadding and Water	<i>Not Inspected</i>
8.16.2.34 L Field Trips	<i>Not Inspected</i>

**Food Service**

8.16.2.35 B Meals and Snacks	<i>Compliance</i>
8.16.2.35 C Menus	<i>Compliance</i>
8.16.2.35 D Kitchens	<i>Compliance</i>
8.16.2.35 E Meal Times	<i>Compliance</i>

**Health & Safety Requirements**

8.16.2.36 A Hygiene	<i>Compliance</i>
8.16.2.36 B First Aid Requirements	<i>Compliance</i>
8.16.2.36 C Medication	<i>Compliance</i>
8.16.2.36 D Illness and Notifiable Diseases	<i>Compliance</i>
8.16.2.37 A-G Transportation Requirements for Homes	<i>N/A</i>

**Buildings, Grounds & Safety**

8.16.2.38 A Housekeeping	<i>Compliance</i>
8.16.2.38 B Pest Control	<i>Compliance</i>
8.16.2.38 C Mechanical Systems	<i>Compliance</i>
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	<i>Compliance</i>
8.16.2.38 E Exits	<i>Compliance</i>
8.16.2.38 F Toilet and Bathing Facilities:	<i>Compliance</i>
8.16.2.38 G Safety Compliance	<i>Compliance</i>
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	<i>Compliance</i>
8.16.2.38 I Pets	<i>N/A</i>

**Additional Comments**

*No children present at time of inspection.*

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: *Dion Ortega*



Facility Representative: *Carolann Gonzales*