

| Provider Name: | | | Address: | | | | Phone: | Phone: | |
|------------------------------|-------------------|---------------|---|--------------------|------------|-------------------|--------------|----------|---------------|
| Delores Gonzales | | | Raton, NM 87740 | | | | (575)707-1 | 312 | |
| Registration Num | Issue Date: | Expiration [| Date: | ate: Type: Status: | | | Status: | • | |
| 148234 06/17/2016 05/31/2017 | | | Child Care Reg. Self-Cert Part Registered | | | | | | |
| Capacity | | • | | | | Ce | ensus | | |
| Over Age 2: 4 | Under Age 2: | 2 Night | Care: | 0 PI | ayground: | 0 Ov | ver 2: | 0 Und | der 2: 0 |
| Days and Hours of Operation | | | | | | | | | |
| | <u>Monday</u> | <u>Tuesda</u> | <u>w</u> | ednesday | Thursda | <u>у</u> <u>Е</u> | <u>riday</u> | Saturday | <u>Sunday</u> |
| Opening Times | 01:30 PM | 01:30 PM | Л С | 01:30 PM | 01:30 PM | 1 01: | 30 PM | Closed | 01:30 PM |
| Closing Times | : 06:30 PM | 06:30 PM | И С | 06:30 PM | 06:30 PM | 1 06: | 30 PM | | 06:30 PM |
| # of Classrooms: | F | Purpose: | | | Date: | | - | Time: | |
| 0 | A | nnual | | | 04/27/2017 | | | 11:52 AM | |
| Comments | | | | | | | | | |
| Address is 313 Piml | ot Ave, Raton, NN | 1 87740 | | | | | | | |
| BGC: 9/19/16 | | | | | | | | | |
| CACFP: 1/14/17 | | | | | | | | | |

| CACFP: 1/14/17 | | | | |
|--|----------------|--|--|--|
| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NO | OTED BELOW: | | | |
| Registration | | | | |
| 8.17.2.11 A,B BACKGROUND CHECKS | Compliance | | | |
| 8.17.2.11 C OTHER PERSONS BACKGROUND CHECKS | Compliance | | | |
| 8.17.2.11 E DOCUMENTATION | Compliance | | | |
| 8.17.2.13 VISITS BY AGENCY AND REGISTERED AUTHORITY | Compliance | | | |
| 8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION | Compliance | | | |
| 8.17.2.15 A-C INCIDENT REPORTS | Compliance | | | |
| Record Keeping Requirements | | | | |
| 8.17.2.24 RECORD KEEPING REQUIREMENTS | Non-compliance | | | |
| Deficiencies Information card is missing an immunization record showing current, age-appropriate immunizations for each child or a written waiver for immunizations granted by the department of health. Regulation: 8.17.2.24 Corrective Action Plan Caregivers will collect and have parent/guardian complete/fill in any missing information on each child's information card. Date to be Completed: 05/27/2017 | | | | |
| Caregiver Requirements | | | | |
| 8.17.2.10 A CAREGIVER REIMBURSEMENTS | Compliance | | | |
| 8.17.2.10 B AGE REQUIREMENT | Compliance | | | |
| 8.17.2.10 E F CAREGIVER REPORTING | Compliance | | | |
| 8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | Compliance | | | |
| | | | | |

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| Provider Name: | Registration Number: | Date: | |
|--|----------------------|------------|----------------|
| Delores Gonzales | 148234 | 04/27/2017 | |
| Caregiver | Requirements | | |
| 8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | | | Compliance |
| 8.17.2.10 I PRIMARY CAREGIVER FOR INFANTS | | | N/A |
| 8.17.2.10 K CPR AND FIRST AID CERTIFICATION | | | Compliance |
| 8.17.2.10 L COMPETENCY TRAINING | | | Compliance |
| Group (| Composition | _ | |
| 8.17.2.21 A NON-RESIDENT CHILDREN | | | Compliance |
| 8.17.2.21 B CHILDREN UNDER 2 | | | Compliance |
| 8.17.2.21 C CHILDREN UNDER 6 | | | Compliance |
| 8.17.2.21 D DROP IN CHILDREN | | | Compliance |
| 8.17.2.21 E SHIFT CHANGES | | | Compliance |
| 8.17.2.21 F CAREGIVER INVOLVEMENT | | | Compliance |
| Health & Saf | ety Requirements | | |
| 8.17.2.22 A SAFE CONDITION | , | | Compliance |
| 8.17.2.22 B, C ELECTRICAL OUTLETS | | | Non-compliance |
| <u>Deficiencies</u> Electrical outlets within reach of children do not have protective covers. | | | |
| *Corrected on site | | | |
| Regulation: 8.17.2.22B | | | |
| Corrective Action Plan All electrical outlets within reach of children will have safety outlets or pr Date to be Completed: 04/27/2017 | rotective covers. | | |
| 8.17.2.22 D TEMPERATURE | | | Compliance |
| 8.17.2.22 E VENTILATION | | | Compliance |
| 8.17.2.22 F HEATERS AND HEATING UNITS | | | Compliance |
| 8.17.2.22 G HOT AND COLD RUNNING WATER | | | Compliance |
| 8.17.2.22 H, I, J INSIDE AND OUTSIDE PLAY AREAS | | | Compliance |
| 8.17.2.22 K STORAGE OF DANGEROUS MATERIALS | | | Compliance |
| 8.17.2.22 L WORKING TELEPHONE | | | Compliance |
| 8.17.2.22 M EMERGENCY NUMBERS | | | Compliance |
| 8.17.2.22 N SMOKE / CARBON MONOXIDE DETECTOR | | | Compliance |
| 8.17.2.22 O,P FIREARM SAFETY/STORAGE | | | N/A |
| 8.17.2.22 Q. SMOKING, ALCOHOL, AND ILLEGAL DRUG USE | | | Compliance |
| 8.17.2.22 R FIRE EXTINGUISHER | | | Compliance |
| 8.17.2.22 S COMBUSTIBLE AND FLAMMABLE MATERIALS | | Compliance | |
| 8.17.2.22 T EMERGENCY EVACUATION AND DIASTER PREPAREDNESS | S PLAN | | Compliance |
| | | | |

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| Provider Name: Delores Gonzales | Registration Number: 148234 | Date: 04/27/2017 |
|---|--------------------------------|-------------------------|
| Health & Sa | ifety Requirements | |
| 8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS | | Complia |
| 8.17.2.22 W TOILET ROOMS | | Complia |
| 8.17.2.22 X FIRST AID KIT | | Complia |
| 8.17.2.22 Y PETS | | Complia |
| 8.17.2.22 Z DIAPER CHANGING | | |
| 8.17.2.22 AA TRANSPORTATION | | Complia |
| Meal F | Requirements | |
| 8.17.2.23 H REFRIGERATION | | Complia |
| 8.17.2.23 I REFRIGERATOR THERMOMETERS | | Complia |
| Caregiver' | s Responsibilities | , |
| 8.17.2.25 A,B SUPERVISION | | Complia |
| 8.17.2.25 C GUIDANCE | | Complia |
| 8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION | | Complia |
| 8.17.2.25 E ACTIVITIES AND EXPERIENCES | | Complia |
| 8.17.2.25 F CARING FOR INFANTS | | |
| 8.17.25 G. REST PERIODS | | Complia |
| 8.17.25 H SWIMMING, WADING AND WATER | | |

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 provider.

04/27/2017

04/27/2017

Surveyor:Cinthia Lopez

Date

Provider Rep:Delores Gonzales

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Date