



Facility

Name: *Eileen Histen* **License Number:** *85958*
Address: *191 Meander, Ruidoso, NM 88345*
Phone: *5752570788* **Fax:** *NA* **E-mail:** *ruidosoriverraccons1@gmail.com*

License Information

Type: *4 Star FOCUS Group Child Care Home* **Status:** *Licensed* **Issue Date:** *12/17/2018* **Expiration Date:** *12/16/2019*

Capacity

Over Age 2: *12* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *0*
Square Footage: *0*

Census

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

Classrooms

Number of Classrooms: *2*

Days and Hours of Operation

| | | | | |
|---|--|--|---|---|
| Monday <i>7:00 AM - 6:00 PM</i> | Tuesday <i>7:00 AM - 6:00 PM</i> | Wednesday <i>7:00 AM - 6:00 PM</i> | Thursday <i>7:00 AM - 6:00 PM</i> | Friday <i>7:00 AM - 6:00 PM</i> |
| Saturday <i>Closed</i> | Sunday <i>Closed</i> | | | |

Inspection

Date: *01/14/2019* **Time In:** *11:26 AM* **Time Out:** *11:33 AM* **Purpose:** *Follow-up*

Licensure

| | |
|---|------------|
| 8.16.2.31 A Licensing Requirements | <i>N/A</i> |
| 8.16.2.31 B Capacity of a Home | <i>N/A</i> |
| 8.16.2.31 C Incident Reporting Requirements | <i>N/A</i> |

Administrative Requirements

| | |
|--|-------------------|
| 8.16.2.32 A Administrative Records | <i>Compliance</i> |
| 8.16.2.32 B Mission, Philosophy and Curriculum Statement | <i>N/A</i> |
| 8.16.2.32 C Parent Handbook | <i>N/A</i> |

Administrative Requirements *(continued)*

8.16.2.32 D Children's Records

Non-compliance

Of the 9 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.

Provider is working with parent to get NM Department of Health Exemption Form completed.

Regulation: 8.16.2.32.D.1.e.

Date to be Completed: 02/13/2019

8.16.2.32 E Personnel Records

Compliance

8.16.2.32 F Personnel Handbook

N/A

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements

N/A

8.16.2.33 B Staff Qualifications and Training

Compliance

Services & Care of Children

8.16.2.34 A Guidance

N/A

8.16.2.34 B Naps or Rest Period

N/A

8.16.2.34 C Additional Requirements for Infants and Toddlers

N/A

8.16.2.34 D Diapering and Toileting

N/A

8.16.2.34 E Additional Requirements for Children with Special Needs

N/A

8.16.2.34 F Night Care

N/A

8.16.2.34 G Physical Environment

N/A

8.16.2.34 H Social-Emotional Responsive Environment

N/A

8.16.2.34 I Equipment and Program

N/A

8.16.2.34 J Outdoor Play

N/A

8.16.2.34 K Swimming, Wadding and Water

N/A

Food Service (continued)

| | |
|-------------------------|-----|
| 8.16.2.34 L Field Trips | N/A |
|-------------------------|-----|

Food Service

| | |
|------------------------------|-----|
| 8.16.2.35 B Meals and Snacks | N/A |
|------------------------------|-----|

| | |
|-------------------|-----|
| 8.16.2.35 C Menus | N/A |
|-------------------|-----|

| | |
|----------------------|-----|
| 8.16.2.35 D Kitchens | N/A |
|----------------------|-----|

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|------------------------|-----|
| 8.16.2.35 E Meal Times | N/A |
|------------------------|-----|

Health & Safety Requirements

| | |
|---------------------|-----|
| 8.16.2.36 A Hygiene | N/A |
|---------------------|-----|

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|------------------------------------|-----|
| 8.16.2.36 B First Aid Requirements | N/A |
|------------------------------------|-----|

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|------------------------|-----|
| 8.16.2.36 C Medication | N/A |
|------------------------|-----|

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|---|-----|
| 8.16.2.36 D Illness and Notifiable Diseases | N/A |
|---|-----|

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|---|-----|
| 8.16.2.37 A-G Transportation Requirements for Homes | N/A |
|---|-----|

Buildings, Grounds & Safety

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|--------------------------|-----|
| 8.16.2.38 A Housekeeping | N/A |
|--------------------------|-----|

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|--------------------------|-----|
| 8.16.2.38 B Pest Control | N/A |
|--------------------------|-----|

| | |
|--------------------------------|-----|
| 8.16.2.38 C Mechanical Systems | N/A |
|--------------------------------|-----|

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|--|-----|
| 8.16.2.38 D Lighting, Lighting Fixtures and Electrical | N/A |
|--|-----|

| | |
|-------------------|-----|
| 8.16.2.38 E Exits | N/A |
|-------------------|-----|

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|--|-----|
| 8.16.2.38 F Toilet and Bathing Facilities: | N/A |
|--|-----|

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|-------------------------------|-----|
| 8.16.2.38 G Safety Compliance | N/A |
|-------------------------------|-----|

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|---|-----|
| 8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances | N/A |
|---|-----|

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|------------------|-----|
| 8.16.2.38 I Pets | N/A |
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Additional Comments

Survey is a follow up to Annual Inspection

Home provider provided documentation showing corrections

Provider will have a 30 day follow up showing receipt of Department of Health Exemption Form for one child

Areas marked as NA are not applicable to this survey.

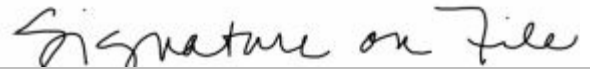
Only areas noted as deficiencies from Annual Survey

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: *Sandra Connolly*



Facility Representative: *Eileen Histen*