



Facility

Name: *Eileen Histen* **License Number:** *85958*
Address: *191 Meander, Ruidoso, NM 88345*
Phone: *5752570788* **Fax:** *n/a* **E-mail:** *ruidosoriverraccoons1@gmail.com*

License Information

Type: *4 Star FOCUS Group Child Care Home* **Status:** *Licensed* **Issue Date:** *12/17/2017* **Expiration Date:** *12/16/2018*

Capacity

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

Census

Over 2: *12* **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: *10/15/2018* **Time In:** *10:05 AM* **Time Out:** *12:00 PM* **Purpose:** *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

Non-compliance

The licensee does not have on file the following: the current child care regulations.

Corrective Action Plan

All required items will be on file for review.

Licensing Authority providing home provider with current regulation

Regulation: 8.16.2.32.A.1.

Date to be Completed: 11/17/2018

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

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.

Parent presented an invalid immunization exemption form. Form was notarized. Form from Texas and does not meet the criteria for New Mexico.

Compliance Officer gave New Mexico Department of Health Immunization Exemption Form to Provider to have parent complete.

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: 11/17/2018

8.16.2.32 E Personnel Records

Non-compliance

The home does not have documentation of a care giver(s) for background check within 5 years.

Corrective Action Plan

Documentation of a background check and employment history verification for all staff members and all adults living in the home. A background check must be conducted at least once every five years on all required individuals.

Regulation: 8.16.2.32.E.1.

Date to be Completed: 11/17/2018

8.16.2.32 F Personnel Handbook

Compliance

Personnel & Staffing

- | | |
|---|------------------------------|
| 8.16.2.33 A Personnel and Staffing Requirements | <i>Compliance</i> |
| 8.16.2.33 B Staff Qualifications and Training | <i>Non-compliance</i> |

From the review of staff records, it was determined that 1 out of [] staff working more than 20 hours a week, has/have no documentation of at least 12 hours of annual training in the approved subject areas See Staff Records 8.16.2.32 for staff missing documentation of training.

Corrective Action Plan

Annual training will be completed as required and documentation retained on file.

Regulation: 8.16.2.33.B.3.

Date to be Completed: 11/17/2018

Services & Care of Children

- | | |
|---|----------------------|
| 8.16.2.34 A Guidance | <i>Compliance</i> |
| 8.16.2.34 B Naps or Rest Period | <i>Not Inspected</i> |
| 8.16.2.34 C Additional Requirements for Infants and Toddlers | <i>N/A</i> |
| 8.16.2.34 D Diapering and Toileting | <i>N/A</i> |
| 8.16.2.34 E Additional Requirements for Children with Special Needs | <i>Compliance</i> |
| 8.16.2.34 F Night Care | <i>N/A</i> |
| 8.16.2.34 G Physical Environment | <i>Compliance</i> |
| 8.16.2.34 H Social-Emotional Responsive Environment | <i>Compliance</i> |
| 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>N/A</i> |
| 8.16.2.34 L Field Trips | <i>Compliance</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>Not Inspected</i> |

Health & Safety Requirements

- | | |
|---------------------|-------------------|
| 8.16.2.36 A Hygiene | <i>Compliance</i> |
|---------------------|-------------------|

Health & Safety Requirements *(continued)*

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	Not Inspected
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	N/A
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	Compliance
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	Compliance
8.16.2.38 I Pets	N/A

Additional Comments

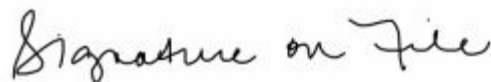
*Compliance Officer did not observe Meal time nor Nap/Rest Period.
Compliance Officer provided home provider with updated Notifiable Diseases or Conditions, updated Exemption Immunization Form and current Regulation*

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