Provider Name: Address: Phone: 122 C Heritage Ln (505)832-9584 Eliria Armijo Moriarty, NM 87035 **Registration Num** Issue Date: **Expiration Date:** Type: Status: 137556 01/1/2017 12/31/2017 Child Care Reg. No SSN-Food Only Registered Capacity Census Over Age 2: 4 Under Age 2: 2 Night Care: 0 Playground: 0 Over 2: 1 Under 2: **Days and Hours of Operation Monday** <u>Tuesday</u> Wednesday Thursday <u>Friday</u> Saturday Sunday 07:30 AM 07:30 AM 07:30 AM 07:30 AM 07:30 AM Closed Closed Opening Times: 03:30 PM 03:30 PM 03:30 PM 03:30 PM 03:30 PM Closing Times: # of Classrooms: Date: Time: Purpose: Annual 10/10/2017 11:17 AM Comments

BGC: 12/11/14 CACFP visit: 12-6-16

Time of departure: 12:29pm

| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW: Registration | | |
|--|----------------|--|
| | | |
| 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: 11/10/2017 | | |
| 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 | |
| | | |

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| Provider Name: | Registration Number: | Date: | | |
|--|----------------------|------------|----------------|--|
| Eliria Armijo | 137556 | 10/10/2017 | | |
| Caregiver Requirements | | | | |
| 8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | | | N/A | |
| 8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | | | Non-compliance | |
| <u>Deficiencies</u> Primary caregiver did not attend six (6) hours of training annually. | | | | |
| *Missing 6 hours | | | | |
| Missing Officials | | | | |
| Regulation: 8.17.2.10H | | | | |
| Corrective Action Plan All primary and substitute caregivers will attend six (6) hours of training annually Date to be Completed: 11/10/2017 | | | | |
| 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 Compo | sition | | | |
| 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 & Safety Requirements | | | | |
| 8.17.2.22 A SAFE CONDITION | | | Compliance | |
| 8.17.2.22 B, C ELECTRICAL OUTLETS | | | Compliance | |
| 8.17.2.22 D TEMPERATURE | | | Compliance | |
| 8.17.2.22 E VENTILATION | | | Compliance | |
| 8.17.2.22 F HEATERS AND HEATING UNITS | | | N/A | |
| 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 | | | N/A | |
| 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 PLAN | | | Compliance | |

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| Provider Name: | Registration Number: | Date: | | |
|---|----------------------|-------------|------------|--|
| Eliria Armijo | 137556 | 10/10/2017 | | |
| Health & Safety Requirements | | | | |
| 8.17.2.22 U MAJOR EXITS | | | Compliance | |
| 8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS | | | Compliance | |
| 8.17.2.22 W TOILET ROOMS | | | Compliance | |
| 8.17.2.22 X FIRST AID KIT | | | Compliance | |
| 8.17.2.22 Y PETS | | | N/A | |
| 8.17.2.22 Z DIAPER CHANGING | | | Compliance | |
| 8.17.2.22 AA TRANSPORTATION | | | N/A | |
| Meal Requirements | | | | |
| 8.17.2.23 H REFRIGERATION | | | Compliance | |
| 8.17.2.23 I REFRIGERATOR THERMOMETERS | | | Compliance | |
| Caregiver's Responsibilities | | | | |
| 8.17.2.25 A,B SUPERVISION | | | Compliance | |
| 8.17.2.25 C GUIDANCE | | | Compliance | |
| 8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION | | | Compliance | |
| 8.17.2.25 E ACTIVITIES AND EXPERIENCES | | | Compliance | |
| 8.17.2.25 F CARING FOR INFANTS | | | N/A | |
| 8.17.25 G. REST PERIODS | | | Compliance | |
| 8.17.25 H SWIMMING, WADING AND WATER | | | 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 provider.

10/10/2017

10/10/2017

Surveyor:Cinthia Lopez

Date

Provider Rep:Eliria Armijo

Date
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