



## Facility

**Name:** *Elisa Vigil* **License Number:** *168476*  
**Address:** *4805 Old Clovis Hwy, Roswell, NM 88201*  
**Phone:** *5754158017* **Fax:**  **E-mail:**

## License Information

**Type:** *2 Star Family Child Care Home* **Status:** *Licensed* **Issue Date:** *02/07/2018* **Expiration Date:** *05/08/2018*

## Capacity

**Over Age 2:** *4* **Under Age 2:** *2* **Night Care:** *0* **Playground:** *0*  
**Square Footage:** *210*

## Census

**Over 2:** *0* **Under 2:** *1*

## Classrooms

**Number of Classrooms:** *1*

## Days and Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday
6:30 AM - 10:00 PM	6:30 AM - 10:00 PM	6:30 AM - 10:00 PM	6:30 AM - 10:00 PM	6:30 AM - 10:00 PM
Saturday	Sunday			
Closed	Closed			

## Inspection

**Date:** *04/24/2018* **Time In:** *10:59 AM* **Time Out:** *11:30 AM* **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	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 [ 1 ] children's records reviewed, { 1 } is/are missing a signed acknowledgement that the parent or guardian has read and understands the parent handbook. See the 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.*

Date to be Completed: 04/30/2018

*Of the [1] children's records reviewed, [ 1 ] is/are missing a document giving the home permission to transport the child in a medical emergency and authorization for medical treatment signed by a parent or guardian. 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.*

Date to be Completed: 04/30/2018

### 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

*Not Inspected*

### 8.16.2.34 G Physical Environment

*Compliance*

### 8.16.2.34 H Social-Emotional Responsive Environment

*Compliance*

### 8.16.2.34 I Equipment and Program

*Compliance*

### 8.16.2.34 J Outdoor Play

*Compliance*

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

8.16.2.34 K Swimming, Wadding and Water	N/A
8.16.2.34 L Field Trips	Compliance

**Food Service**

8.16.2.35 B Meals and Snacks	Compliance
8.16.2.35 C Menus	Compliance
8.16.2.35 D Kitchens	Compliance
8.16.2.35 E Meal Times	Compliance

**Health & Safety Requirements**

8.16.2.36 A Hygiene	Compliance
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	Compliance
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	Not Inspected
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	<b>Non-compliance</b>

*The home does not have a record of inoculations for a pet dog in the home.*

*Corrective Action Plan*

*An inoculation record will be obtained and kept on file for future review.*

*Date to be Completed: 04/30/2018*

**Additional Comments**

*Close out of Provisional License*

## 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: *Nicholas Conde*



Facility Representative: *Elisa Vigil*

