Center Name:	Address: 1708 Jay St.			Phone:				
Elsa Irma Velasquez Santa Fe, NM 87505				(505)316-6048				
License Number: Issue Date: Expiratio	Date: Type:		Status:	•				
162703 08/4/2016 08/3/2017	2 Star Fam	ily Child Care Home	Licensed					
Capacity	•	Ce	nsus					
Over Age 2: 4 Under Age 2: 2 Nig	nt Care: 0 Pl	layground: 0 Ove	er 2: 2	Under 2: 2				
Days and Hours of Operation								
Monday <u>Tues</u>	lay Wednesday	<u>Thursday</u> <u>Fri</u>	day	Saturday Sunday				
Opening Times: 07:30 AM 07:30	AM 07:30 AM	07:30 AM 07:3	MA 0	Closed Closed				
Closing Times: 05:30 PM 05:30	PM 05:30 PM	05:30 PM 05:3	0 PM					
# of Classrooms: Purpose:		Date:	Tin	ne:				
1 Annual		06/20/2017	02:	00 PM				
Comments								
Went over new regulations.								

Went over new regulations.		
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:		
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	Not Inspected	
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	Non-compliance	
The home's policies and procedures regarding the following need to be included: policies and procedures shall include how the home will maintain a positive environment and will focus on preventing the expulsion of children age birth to five; the home must develop policies that include clear, appropriate, consistent expectations, and consequences to address disruptive student behaviors; and ensure fairness, equity, and continuous improvement. Regulation: 8.16.2.32C(1)(2) Corrective Action Plan A parent handbook with required general information and policies and procedures will be completed and distributed. Date to be Completed: 07/20/2017		
8.16.2.32 D CHILDREN'S RECORDS	Non-compliance	

Survey Report Form Page 1 of 4

Center Name: License Number: Date: 162703 06/20/2017 Elsa Irma Velasquez

Administrative Requirements

Deficiencies

Of the 6 children's records reviewed, 1 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.32 form for the child(ren) with missing information.

Regulation: 8.16.2.32D(2)(c)

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: 07/20/2017

8.16.2.32 E PERSONNEL RECORDS

Non-compliance

Deficiencies

The home does not have documentation of a background check within 5 years for care giver(s); person(s) over 18 years of age and older living in the home.

Regulation: 8.16.2.32E(1)

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.

Date to be Completed: 07/20/2017

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

Non-compliance

Deficiencies

Educators did not complete the following training within 3-months: Health and Safety Training

Regulation: 8.16.2.33B(1)

Corrective Action Plan

All educators, regardless of the number of hours per week, will complete the above listed training.

Date to be Completed: 07/20/2017

Services & Care of Children

8.16.2.34 A GUIDANCE	Compliance
8.16.2.34 B NAPS OR REST PERIOD	Non-compliance
<u>Deficiencies</u>	

Sleeping children are not adequately supervised as evidenced by child was asleep in a separate room.

Regulation: 8.16.2.34B(8)

Corrective Action Plan

Staff will remain with sleeping children at all times.

Date to be Completed: 07/20/2017

8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS

Compliance

Page 2 of 4 Survey Report Form

Center Name:	License Number:	Date:	
Elsa Irma Velasquez	162703	06/20/2017	
Services & Ca	re of Children		
8.16.2.34 D DIAPERING AND TOILETING			Compliance
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL	NEEDS		Not Inspected
8.16.2.34 F NIGHT CARE			N/A
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
8.16.2.34 K SWIMMING, WADING AND WATER			Not Inspected
8.16.2.34 L FIELD TRIPS			Not Inspected
Food S	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	- 4-		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			Not Inspected
Buildings, Gro	unds & Safety		
8.16.2.38 A HOUSEKEEPING	and a carety		Compliance
8.16.2.38 B PEST CONTROL			Compliance
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			Non-compliance
<u>Deficiencies</u>			
The home's fire extinguisher does not have a tag with a date verifying	ng yearly inspection.		
Regulation: 8.16.2.38G(2)			
Corrective Action Plan The fire extinguisher will be inspected and have an official tag noting	the date of inspection.		
Date to be Completed: 07/20/2017			

Survey Report Form Page 3 of 4

 Center Name:
 License Number:
 Date:

 Elsa Irma Velasquez
 162703
 06/20/2017

Buildings, Grounds & Safety

Deficiencies

The home failed to conduct a fire drill for the month(s) of January; February; March; April;

May; June.

Regulation: 8.16.2.38G(3)

Corrective Action Plan

A monthly fire drill will be held and recorded.

Date to be Completed: 07/20/2017

Deficiencies

The home failed to conduct an emergency preparedness practice drills for at least once a quarter.

Regulation: 8.16.2.38 G(3)

Corrective Action Plan

A home will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.

Date to be Completed: 07/20/2017

8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	Compliance
8.16.2.38 PETS	Compliance

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 licensee.

06/20/2017

06/20/2017

Surveyor:Dion Ortega

Date

Facility Rep:Elsa Irma Velasquez

Eli-In W

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Date