

Provider Name:			Address:				Phone:	Phone:	
Flora Quintanilla			Las Cruces, NM 88005				(575)527-	5507	
Registration Num	stration Num Issue Date: Expiration Date: Type: Status:		•						
76762	03/1/2016	02/28/2017		Child Care Reg. Self-Cert Part Registered					
Capacity				-		Cei	nsus		
Over Age 2: 4	Under Age 2:	2 Night	Care:	0 Playground: 0 Over 2: 2		2 Un	Under 2: 1		
Days and Hours of Operation									
	<u>Monday</u>	<u>Tuesda</u>	<u>w</u>	ednesday	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturday	<u>Sunday</u>
Opening Times	: 08:00 AM	08:00 A	M (08:00 AM	08:00 AM	08:0	0 AM	Closed	Closed
Closing Times	: 08:00 PM	08:00 Pf	M (08:00 PM	08:00 PM	08:0	0 PM		
# of Classrooms:		Purpose:			Date:			Time:	
0		Follow-up			02/20/2017			04:00 PM	
Comments Follow-up to home inspection conducted on February 6, 2017.									

Pollow-up to nome inspection conducted on February 6, 2017.	
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTE	D BELOW:
Registration	
8.17.2.11 A,B BACKGROUND CHECKS	Not Inspected
8.17.2.11 C OTHER PERSONS BACKGROUND CHECKS	Not Inspected
8.17.2.11 E DOCUMENTATION	Not Inspected
8.17.2.13 VISITS BY AGENCY AND REGISTERED AUTHORITY	Not Inspected
8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION	Not Inspected
8.17.2.15 A-C INCIDENT REPORTS	Not Inspected
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. Missing for the 9 year old child.	
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: 03/06/2017	
Caregiver Requirements	
8.17.2.10 A CAREGIVER REIMBURSEMENTS	Not Inspected
8.17.2.10 B AGE REQUIREMENT	Not Inspected
8.17.2.10 E F CAREGIVER REPORTING	Not Inspected
8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING	Not Inspected
8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING	Not Inspected

Survey Report Form Page 1 of 3

Provider Name:	Registration Number:	Date:				
Flora Quintanilla	76762	02/20/2017				
Caregive	er Requirements	Ţ				
8.17.2.10 I PRIMARY CAREGIVER FOR INFANTS			Not Inspected			
8.17.2.10 K CPR AND FIRST AID CERTIFICATION			Not Inspected			
8.17.2.10 L COMPETENCY TRAINING			Not Inspected			
Group	Composition					
8.17.2.21 A NON-RESIDENT CHILDREN			Not Inspected			
8.17.2.21 B CHILDREN UNDER 2			Not Inspected			
8.17.2.21 C CHILDREN UNDER 6			Not Inspected			
8.17.2.21 D DROP IN CHILDREN			Not Inspected			
8.17.2.21 E SHIFT CHANGES			Not Inspected			
8.17.2.21 F CAREGIVER INVOLVEMENT	Not Inspected					
Health & Sa	afety Requirements					
8.17.2.22 A SAFE CONDITION			Not Inspected			
8.17.2.22 B, C ELECTRICAL OUTLETS			Not Inspected			
8.17.2.22 D TEMPERATURE			Not Inspected			
8.17.2.22 E VENTILATION			Not Inspected			
8.17.2.22 F HEATERS AND HEATING UNITS			Not Inspected			
8.17.2.22 G HOT AND COLD RUNNING WATER	Not Inspected					
8.17.2.22 H, I, J INSIDE AND OUTSIDE PLAY AREAS	Not Inspected					
8.17.2.22 K STORAGE OF DANGEROUS MATERIALS			Not Inspected			
8.17.2.22 L WORKING TELEPHONE			Not Inspected			
8.17.2.22 M EMERGENCY NUMBERS			Not Inspected			
8.17.2.22 N SMOKE / CARBON MONOXIDE DETECTOR	Not Inspected					
8.17.2.22 O,P FIREARM SAFETY/STORAGE		Not Inspected				
8.17.2.22 Q. SMOKING, ALCOHOL, AND ILLEGAL DRUG USE			Not Inspected			
8.17.2.22 R FIRE EXTINGUISHER			Not Inspected			
8.17.2.22 S COMBUSTIBLE AND FLAMMABLE MATERIALS		Not Inspected				
8.17.2.22 T EMERGENCY EVACUATION AND DIASTER PREPAREDNE	SS PLAN		Compliance			
8.17.2.22 U MAJOR EXITS			Not Inspected			
8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS			Not Inspected			
8.17.2.22 W TOILET ROOMS	Not Inspected					
8.17.2.22 X FIRST AID KIT			Not Inspected			
8.17.2.22 Y PETS			Not Inspected			
8.17.2.22 Z DIAPER CHANGING	Compliance					
8.17.2.22 AA TRANSPORTATION			Not Inspected			
Meal Requirements						

Survey Report Form Page 2 of 3

Provider Name:	Registration Number: Date:					
Flora Quintanilla	76762 02/20/2017					
Meal Requirements						
8.17.2.23 H REFRIGERATION			Not Inspected			
8.17.2.23 I REFRIGERATOR THERMOMETERS			Not Inspected			
Caregiver's Responsibilities						
8.17.2.25 A,B SUPERVISION			Not Inspected			
8.17.2.25 C GUIDANCE			Not Inspected			
8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION	Compliance					
8.17.2.25 E ACTIVITIES AND EXPERIENCES			Not Inspected			
8.17.2.25 F CARING FOR INFANTS			Not Inspected			
8.17.25 G. REST PERIODS	Not Inspected					
8.17.25 H SWIMMING, WADING AND WATER	Not Inspected					

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.

02/20/2017

02/20/2017

Surveyor: Evelyn Ramirez

Date

Provider Rep:Flora Quintanilla

Date