

Center Name: Gricell Ingrassia			Address: 1652 La Cieneguita Santa Fe, NM 87507				Phone: (505)474-9	Phone: (505)474-9185	
License Number:	Issue Date:	Expiration	Date:	Type:			Status:		
134026	07/10/2016	07/9/2017	2 Star Family Child Care Home Licensed						
Capacity				-		Ce	nsus		
Over Age 2: 4	Under Age 2:	2 Night	Care:	0	Playground: 0	Ove	er 2: 4	4 Und	ler 2: 1
Days and Hours of	Operation					-			
	<u>Monday</u>	Tuesda	ı <u>y</u> W	<u>/ednesday</u>	<u>Thursday</u>	<u>Fr</u>	<u>day</u>	Saturday	<u>Sunday</u>
Opening Times	07:30 AM	07:30 AI	M	07:30 AM	07:30 AM	07:3	O AM	Closed	Closed
Closing Times	: 05:30 PM	05:30 PI	M (05:30 PM	05:30 PM	05:3	0 PM		
# of Classrooms:	F	urpose:			Date:		-	Γime:	
1	Α	nnual			05/16/2017			12:00 PM	
Comments							•		
Went over new Reg	S.								

Went over new Regs.				
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTE	D 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	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	Non-compliance			
The home's policies and procedures regarding the following need to be included: policies and procedures for expulsion of children. 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: 06/16/2017				
8.16.2.32 D CHILDREN'S RECORDS	Compliance			
8.16.2.32 E PERSONNEL RECORDS 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: 06/16/2017	Non-compliance			

Survey Report Form Page 1 of 3

Center Name:	License Number:	Date:				
Gricell Ingrassia	134026	05/16/2017				
Administrative Re	quirements					
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: Healt Training Regulation: 8.16.2.33B(1)						
Corrective Action Plan All educators, regardless of the number of hours per week, will complete training. Date to be Completed: 06/16/2017	e the above listed					
Services & Care of	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 NEI		N/A				
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	N/A					
8.16.2.34 L FIELD TRIPS			N/A			
Food Serv	rice					
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 Re	equirements					
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			N/A			
Buildings, Grounds & Safety						

Survey Report Form Page 2 of 3

Center Name: Gricell Ingrassia	License Number: 134026	Date: 05/16/2017	
Buildings, Ground	s & Safety		
8.16.2.38 A HOUSEKEEPING			Non-compliance
<u>Deficiencies</u> The tables are not in good repair as evidenced by chipping wood. Regulation: 8.16.2.38A(1)			
Corrective Action Plan Repairs will be completed and a system for routine inspection of the hombe established. Date to be Completed: 06/16/2017	ne and premises will		
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 Deficiencies The home failed to conduct an emergency preparedness practice drills for quarter. Regulation: 8.16.2.38 G(3)	or at least once a		Non-compliance
Corrective Action Plan A home will conduct emergency preparedness practice drills at least qua January of each calendar year. Date to be Completed: 06/16/2017	rterly beginning		
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	AND CONTROLLED SUB	STANCES	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.

05/16/2017

05/16/2017

Surveyor:Dion Ortega

Date

Facility Rep:Gricell Ingrassia

Page 3 of 3

Date