



**Facility**

Name: *Heather Vigil* License Number: *151388*  
 Address: *600 Gunnison, Grants, NM 87020*  
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**License Information**

Type: *2 Star Group Child Care Home* Status: *Licensed* Issue Date: *07/08/2017* Expiration Date: *07/07/2018*

**Capacity**

Over Age 2: *8* Under Age 2: *4* Night Care: *0* Playground: *0*  
 Square Footage: *0*

**Census**

Over 2: *7* Under 2: *1*

**Classrooms**

Number of Classrooms: *1*

**Days and Hours of Operation**

<b>Monday</b> <i>8:00 AM - 5:30 PM</i>	<b>Tuesday</b> <i>8:00 AM - 5:30 PM</i>	<b>Wednesday</b> <i>8:00 AM - 5:30 PM</i>	<b>Thursday</b> <i>8:00 AM - 5:30 PM</i>	<b>Friday</b> <i>8:00 AM - 5:30 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

Date: *03/26/2018* Time In: *12:58 PM* Time Out: *1:37 PM* Purpose: *Other*

**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 *Not Inspected*  
 8.16.2.32 C Parent Handbook *Not Inspected*

## Administrative Requirements *(continued)*

### 8.16.2.32 D Children's Records

**Non-compliance**

*Of the 2 children's records reviewed, 2 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.32 form for the child(ren) with no immunization/exemption.*

#### *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: 04/25/2018

### 8.16.2.32 E Personnel Records

*Compliance*

### 8.16.2.32 F Personnel Handbook

*Not Inspected*

## 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

*Not Inspected*

### 8.16.2.34 B Naps or Rest Period

*Not Inspected*

### 8.16.2.34 C Additional Requirements for Infants and Toddlers

*Not Inspected*

### 8.16.2.34 D Diapering and Toileting

*Not Inspected*

### 8.16.2.34 E Additional Requirements for Children with Special Needs

*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

*Not Inspected*

### 8.16.2.34 I Equipment and Program

*Compliance*

### 8.16.2.34 J Outdoor Play

*Not Inspected*

### 8.16.2.34 K Swimming, Wadding and Water

*N/A*

### 8.16.2.34 L Field Trips

*N/A*

## Food Service

### 8.16.2.35 B Meals and Snacks

*Not Inspected*

### 8.16.2.35 C Menus

*Not Inspected*

### 8.16.2.35 D Kitchens

*Not Inspected*

### 8.16.2.35 E Meal Times

*Not Inspected*

## Health & Safety Requirements

8.16.2.36 A Hygiene	<i>Not Inspected</i>
8.16.2.36 B First Aid Requirements	<i>Not Inspected</i>
8.16.2.36 C Medication	<i>Not Inspected</i>
8.16.2.36 D Illness and Notifiable Diseases	<i>Not Inspected</i>
8.16.2.37 A-G Transportation Requirements for Homes	<i>N/A</i>

## Buildings, Grounds & Safety


8.16.2.38 A Housekeeping	<i>Compliance</i>
8.16.2.38 B Pest Control	<i>Not Inspected</i>
8.16.2.38 C Mechanical Systems	<i>Not Inspected</i>
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	<i>Compliance</i>
8.16.2.38 E Exits	<i>Not Inspected</i>
8.16.2.38 F Toilet and Bathing Facilities:	<i>Not Inspected</i>
8.16.2.38 G Safety Compliance	<i>Not Inspected</i>
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	<i>Not Inspected</i>
8.16.2.38 I Pets	<i>N/A</i>

## Additional Comments

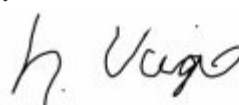
*Follow-up to Conditions of Operation issued on 11/29/17.*

## 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: *Diana Martinez*



Facility Representative: *Heather Vigil*

