



Facility

Name: *Iris Griego* **License Number:** 67499
Address: *3507 Ning Drive, Las Vegas, NM 87701*
Phone: *5054293779* **Fax:** **E-mail:** *irisgriego@hotmail.com*

License Information

Type: *2 Star Group Child Care Home* **Status:** *Licensed* **Issue Date:** *06/06/2018* **Expiration Date:** *06/05/2019*

Capacity

Over Age 2: *12* **Under Age 2:** *4* **Night Care:** **Playground:**
Square Footage: *0*

Census

Over 2: *6* **Under 2:** *2*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>7:00 AM - 5:30 PM</i>	Tuesday <i>7:00 AM - 5:30 PM</i>	Wednesday <i>7:00 AM - 5:30 PM</i>	Thursday <i>7:00 AM - 5:30 PM</i>	Friday <i>7:00 AM - 5:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *04/16/2019* **Time In:** *1:13 PM* **Time Out:** *2:22 PM* **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 ***Non-compliance***

The licensee does not have on file the following: the most recent copy of state regulations.

Corrective Action Plan
All required items will be on file for review.

(continued)

Regulation: 8.16.2.32.A.1.

Date to be Completed: 05/16/2019

8.16.2.32 B Mission, Philosophy and Curriculum Statement*Compliance***8.16.2.32 C Parent Handbook***Compliance***8.16.2.32 D Children's Records***Compliance***8.16.2.32 E Personnel Records****Non-compliance**

Home educators do not have a signed statement that they would or would not be disqualified as a direct provider of care under the most current version of the Background Checks and Employment History Verification provisions pursuant to 8.8.3 NMAC. Was corrected on site.

Corrective Action Plan

Documentation of an annual statement concerning disqualification will be obtained for each educator.

Regulation: 8.16.2.32.E.2.

Date to be Completed: 05/16/2019

The home does not have documentation of a person(s) over 18 years of age and older living in the home for one individual.

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.

Regulation: 8.16.2.32.E.1.

Date to be Completed: 05/16/2019

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**

The home failed to keep a training log on file with clock hours for 1 out of 3 staff. See Staff Records 8.16.2.32 form for staff who are missing a complete training log.

Corrective Action Plan

A training log will be completed for each staff that includes the employee's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificates.

Regulation: 8.16.2.33.B.2.

Date to be Completed: 05/16/2019

Services & Care of Children

8.16.2.34 A Guidance	<i>Compliance</i>
8.16.2.34 B Naps or Rest Period	<i>Compliance</i>
8.16.2.34 C Additional Requirements for Infants and Toddlers	<i>Compliance</i>
8.16.2.34 D Diapering and Toileting	<i>Compliance</i>
8.16.2.34 E Additional Requirements for Children with Special Needs	<i>N/A</i>
8.16.2.34 F Night Care	<i>N/A</i>
8.16.2.34 G Physical Environment	<i>Compliance</i>
8.16.2.34 H Social-Emotional Responsive Environment	<i>Compliance</i>
8.16.2.34 I Equipment and Program	<i>Compliance</i>
8.16.2.34 J Outdoor Play	<i>Compliance</i>
8.16.2.34 K Swimming, Wadding and Water	<i>N/A</i>
8.16.2.34 L Field Trips	<i>Compliance</i>

Food Service

8.16.2.35 B Meals and Snacks	<i>Compliance</i>
8.16.2.35 C Menus	<i>Compliance</i>
8.16.2.35 D Kitchens	<i>Compliance</i>
8.16.2.35 E Meal Times	<i>Compliance</i>

Health & Safety Requirements

8.16.2.36 A Hygiene	<i>Compliance</i>
8.16.2.36 B First Aid Requirements	<i>Compliance</i>
8.16.2.36 C Medication	<i>N/A</i>
8.16.2.36 D Illness and Notifiable Diseases	<i>Compliance</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>Compliance</i>
8.16.2.38 C Mechanical Systems	<i>Compliance</i>

Buildings, Grounds & Safety (continued)

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	Compliance

Additional Comments

None

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: *Iris Griego*