| Center Name: Iris Griego |               |              | Address:<br>3507 Ning Drive<br>Las Vegas, NM 87701 |            |                    |            | Phone:<br>(505)425-7476 |          |               |
|--------------------------|---------------|--------------|--|------------|--------------------|------------|-------------------------|----------|---------------|
| License Number:          | Issue Date:   | Expiration D | ate:   | Type:      |                    |            | Status:                 |          |               |
| 67499                    | 06/6/2016     | 06/5/2017    |  | 2 Star Gro | up Child Care Home |            | Licensed                |          |               |
| Capacity                 |               | •            |  |            |                    | Cei        | nsus                    |          |               |
| Over Age 2: 12           | Under Age 2:  | 4 Night 0    | Care:  | 0 P        | layground: 0       | Ove        | er 2: 3                 | Unde     | r 2: 3        |
| Days and Hours of C      | Operation     |              |  |            |                    | -          |                         |          |               |
|                          | <u>Monday</u> | Tuesday      | <u>/</u> W   | ednesday   | Thursday           | <u>Fri</u> | day                     | Saturday | <u>Sunday</u> |
| Opening Times:           | 07:30 AM      | 07:30 AM     | Ι (  | 7:30 AM    | 07:30 AM           | 07:3       | 0 AM                    | Closed   | Closed        |
| Closing Times:           | 05:30 PM      | 05:30 PM     | I (  | 5:30 PM    | 05:30 PM           | 05:3       | 0 PM                    |          |               |
| # of Classrooms:         | Р             | urpose:      |  |            | Date:              |            | Ti                      | me:      |               |
| 1                        | s             | emi-Annual   |  |            | 10/24/2017         |            | 10                      | ):30 AM  |               |
| Comments                 | •             |              |  |            | •                  |            | •                       |          |               |

| 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   | 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   | Compliance     |  |  |  |
| Deficiencies  Of the 6 children's records reviewed, 1 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.  Regulation: 8.16.2.32D(1)(e)  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: 11/24/2017 | Non-compliance |  |  |  |

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| Center Name: | License Number: | Date:      |
|--------------|-----------------|------------|
| Iris Griego  | 67499           | 10/24/2017 |

## **Administrative Requirements**

## **Deficiencies**

Of the 6 children's records reviewed, 2 is/are missing the name and telephone number of two people in the local area to contact in an emergency when a parent or guardian cannot be reached. See Children's Records 8.16.2.32form for the child(ren) with missing information.

**Regulation:** 8.16.2.32D(2)(b)

## **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: 11/24/2017

| Date to be Completed: 11/24/2017  |                |
|---|----------------|
| 8.16.2.32 E PERSONNEL RECORDS   | Non-compliance |
| <u>Deficiencies</u>   |                |
| The home does not have documentation of a background check within 5 years for care                            |                |
| giver(s).  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: 11/24/2017  |                |
| 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   | Compliance     |
| Services & Care 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 NEEDS   | Compliance     |
| 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 Service  |                |
| 8.16.2.35 B MEALS AND SNACKS  | Compliance     |
| 8.16.2.35 C MENUS   | Compliance     |
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| Center Name:   | License Number:                  | Date:      |                |  |  |
|--|----------------------------------|------------|----------------|--|--|
| Iris Griego  | 67499                            | 10/24/2017 |                |  |  |
| Food Service   |                                  |            |                |  |  |
| 8.16.2.35 D KITCHENS   |                                  |            | Compliance     |  |  |
| 8.16.2.35 E MEAL TIMES   |                                  |            | Compliance     |  |  |
| Health & Safety Re   | quirements                       |            |                |  |  |
| 8.16.2.36 A HYGIENE  |                                  |            |                |  |  |
| 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, Ground  | ls & Safety                      | •          |                |  |  |
| 8.16.2.38 A HOUSEKEEPING   | •                                |            | Compliance     |  |  |
| 8.16.2.38 B PEST CONTROL   |                                  |            | N/A            |  |  |
| 8.16.2.38 C MECHANICAL SYSTEMS   |                                  |            | Compliance     |  |  |
| 8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL                                     |                                  |            | Non-compliance |  |  |
| <u>Deficiencies</u>  |                                  |            |                |  |  |
| Electrical outlets within reach of children in the living room are not safety              | outlets and they do              |            |                |  |  |
|  | not have protective covers.      |            |                |  |  |
| Regulation: 8.16.2.38D(2)  |                                  |            |                |  |  |
| Corrective Action Plan   |                                  |            |                |  |  |
|  | Protective covers will be added. |            |                |  |  |
| Date to be Completed: 11/24/2017   |                                  |            | 0 "            |  |  |
| 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 failed to conduct an emergency preparedness practice drills f | or at least once a               |            |                |  |  |
| quarter.   | o. a                             |            |                |  |  |
| Regulation: 8.16.2.38 G(3)   |                                  |            |                |  |  |
| Corrective Action Plan   |                                  |            |                |  |  |
| A home will conduct emergency preparedness practice drills at least qua                    | arterly beginning                |            |                |  |  |
| January of each calendar year.   |                                  |            |                |  |  |
| Date to be Completed: 11/24/2017   |                                  |            |                |  |  |
| <u>Deficiencies</u>  |                                  |            |                |  |  |
| The home failed to conduct a fire drill for the month(s) of September; Oc                  |                                  |            |                |  |  |
| <b>Regulation:</b> 8.16.2.38G(3)   |                                  |            |                |  |  |
| Corrective Action Plan   |                                  |            |                |  |  |
| A monthly fire drill will be held and recorded.  |                                  |            |                |  |  |
| Date to be Completed: 11/24/2017   |                                  |            |                |  |  |
| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUG                           | Compliance                       |            |                |  |  |
| 8.16.2.38 I PETS   |                                  |            | Compliance     |  |  |

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 Center Name:
 License Number:
 Date:

 Iris Griego
 67499
 10/24/2017

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.

10/24/2017

10/24/2017

Surveyor:Dion Ortega

Date

Facility Rep:Iris Griego

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Date