



Facility

Name: *Janeth Lucero* **License Number:** *123805*
Address: *106 East Circle, Ruidoso Downs, NM 88346*
Phone: *5753789140* **Fax:** *n/a* **E-mail:** *n/a*

License Information

Type: *2 Star Group Child Care Home* **Status:** *Licensed* **Issue Date:** *08/01/2017* **Expiration Date:** *07/31/2018*

Capacity

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

Census

Over 2: *0* **Under 2:** *0*

Classrooms

Number of Classrooms: *2*

Days and Hours of Operation

Monday <i>6:00 AM - 6:00 PM</i>	Tuesday <i>6:00 AM - 6:00 PM</i>	Wednesday <i>6:00 AM - 6:00 PM</i>	Thursday <i>6:00 AM - 6:00 PM</i>	Friday <i>6:00 AM - 6:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *07/19/2018* **Time In:** *11:23 AM* **Time Out:** *11:32 AM* **Purpose:** *Incident Investigation*

Licensure

8.16.2.31 A Licensing Requirements N/A
 8.16.2.31 B Capacity of a Home N/A

Licensure (continued)**8.16.2.31 C Incident Reporting Requirements****Non-compliance**

The home failed to make a report to the licensing authority within 24 hours after the incident occurred regarding an illness on the current list of notifiable diseases and communicable diseases published by the New Mexico department of health.

Home Provider failed to report a condition listed on the Notifiable Diseases or Conditions in New Mexico.

Corrective Action Plan

The home will make a report to the appropriate authorities as soon as possible, and shall notify the licensing authority no later than 24 hours after the incident occurred by phone and follow-up in writing any incident that threatens the health and safety of children and staff members.

Regulation: 8.16.2.31.C.1.

Date to be Completed: 08/18/2018

Administrative Requirements

8.16.2.32 A Administrative Records	N/A
8.16.2.32 B Mission, Philosophy and Curriculum Statement	N/A
8.16.2.32 C Parent Handbook	N/A
8.16.2.32 D Children's Records	N/A
8.16.2.32 E Personnel Records	N/A
8.16.2.32 F Personnel Handbook	N/A

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	N/A
8.16.2.33 B Staff Qualifications and Training	N/A

Services & Care of Children

8.16.2.34 A Guidance	N/A
8.16.2.34 B Naps or Rest Period	N/A
8.16.2.34 C Additional Requirements for Infants and Toddlers	N/A
8.16.2.34 D Diapering and Toileting	N/A
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	N/A

Services & Care of Children (*continued*)

8.16.2.34 H Social-Emotional Responsive Environment	N/A
8.16.2.34 I Equipment and Program	N/A
8.16.2.34 J Outdoor Play	N/A
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	N/A
8.16.2.35 C Menus	N/A
8.16.2.35 D Kitchens	N/A
8.16.2.35 E Meal Times	N/A

Health & Safety Requirements

8.16.2.36 A Hygiene	N/A
8.16.2.36 B First Aid Requirements	N/A
8.16.2.36 C Medication	N/A
8.16.2.36 D Illness and Notifiable Diseases	N/A
8.16.2.37 A-G Transportation Requirements for Homes	N/A

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	N/A
8.16.2.38 B Pest Control	N/A
8.16.2.38 C Mechanical Systems	N/A
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	N/A
8.16.2.38 E Exits	N/A
8.16.2.38 F Toilet and Bathing Facilities:	N/A
8.16.2.38 G Safety Compliance	N/A
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	N/A
8.16.2.38 I Pets	N/A

Additional Comments

Survey is a result of a Report submitted by Department of Health regarding Home Provider.

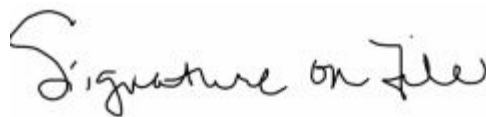
Areas listed as N/A is not applicable to this Survey.

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: *Sandra Connolly*



Facility Representative: *Janeth Lucero*