

<b>Center Name:</b> Janeth Lucero		<b>Address:</b> 106 East Circle Ruidoso Downs, NM 88346			<b>Phone:</b> (575)378-9140			
<b>License Number:</b> 123805	<b>Issue Date:</b> 08/1/2016	<b>Expiration Date:</b> 07/31/2017	<b>Type:</b> 2 Star Group Child Care Home		<b>Status:</b> Licensed			
<b>Capacity</b>					<b>Census</b>			
Over Age 2:	8	Under Age 2:	4	Night Care:	0	Playground:	0	
					Over 2:	0	Under 2:	0
<b>Days and Hours of Operation</b>								
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	
Opening Times:	07:00 AM	07:00 AM	07:00 AM	07:00 AM	07:00 AM	Closed	Closed	
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM			
<b># of Classrooms:</b> 1	<b>Purpose:</b> Annual		<b>Date:</b> 05/11/2017		<b>Time:</b> 01:30 PM			
<b>Comments</b>								

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	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
8.16.2.32 D CHILDREN'S RECORDS	Not Inspected
8.16.2.32 E PERSONNEL RECORDS	Non-compliance
<p><b><u>Deficiencies</u></b></p> <p>The home does not have documentation of a background check within 5 years for care giver(s).</p> <p>Caregivers did not complete the background clearance process to obtain clearance.            Regulation: 8.16.2.32E(1)</p> <p><b><u>Corrective Action Plan</u></b></p> <p>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.</p> <p>Date to be Completed: 05/31/2017</p>	
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	Non-compliance

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**Personnel & Staffing**

**Deficiencies**

From the review of staff records, it was determined that 2 out of 2 staff working more than 20 hours a week, has/have no documentation of at least 12 hours of annual training in the approved subject areas See Staff Records 8.16.2.32 for staff missing documentation of training.

Caregivers only attain 10 hours of training, 2 hours short.

**Regulation:** 8.16.2.33B(3)

**Corrective Action Plan**

Annual training will be completed as required and documentation retained on file.

**Date to be Completed:** 06/10/2017

**Services & Care of Children**

<b>8.16.2.34 A GUIDANCE</b>	Not Inspected
<b>8.16.2.34 B NAPS OR REST PERIOD</b>	Not Inspected
<b>8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS</b>	Compliance
<b>8.16.2.34 D DIAPERING AND TOILETING</b>	Not Inspected
<b>8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS</b>	Compliance
<b>8.16.2.34 F NIGHT CARE</b>	N/A
<b>8.16.2.34 G PHYSICAL ENVIRONMENT</b>	Compliance
<b>8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>	Not Inspected
<b>8.16.2.34 I EQUIPMENT AND PROGRAM</b>	Compliance
<b>8.16.2.34 J OUTDOOR PLAY</b> <b><u>Deficiencies</u></b> The fall zone underneath the swings is not adequate as evidenced by the resilient material is not deep enough.  Not enough material under the swing set, grass is growing through. <b>Regulation:</b> 8.16.2.34J(3)  <b><u>Corrective Action Plan</u></b> A resilient surface will be provided beneath the play equipment and a schedule will be devised to provide routine checks. <b>Date to be Completed:</b> 06/10/2017	Non-compliance
<b>8.16.2.34 K SWIMMING, WADING AND WATER</b>	N/A
<b>8.16.2.34 L FIELD TRIPS</b>	N/A

**Food Service**

<b>8.16.2.35 B MEALS AND SNACKS</b>	Not Inspected
<b>8.16.2.35 C MENUS</b>	Compliance
<b>8.16.2.35 D KITCHENS</b>	Compliance
<b>8.16.2.35 E MEAL TIMES</b>	Not Inspected

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<b>Health &amp; Safety Requirements</b>		
8.16.2.36 A HYGIENE		Not Inspected
8.16.2.36 B FIRST AID REQUIREMENTS		Compliance
8.16.2.36 C MEDICATION		Not Inspected
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES		Not Inspected
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES		Not Inspected
<b>Buildings, Grounds &amp; Safety</b>		
8.16.2.38 A HOUSEKEEPING		Compliance
8.16.2.38 B PEST CONTROL		Not Inspected
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 <u>Deficiencies</u> The home failed to conduct a fire drill for the month(s) of April. Regulation: 8.16.2.38G(3)  <u>Corrective Action Plan</u> A monthly fire drill will be held and recorded. Date to be Completed: 05/31/2017  <u>Deficiencies</u> An operable smoke detector is missing in each child activity room. Regulation: 8.16.2.38G(1)  <u>Corrective Action Plan</u> An operable smoke detector will be in each activity and sleeping room. Date to be Completed: 06/10/2017		Non-compliance
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES		N/A
8.16.2.38 I 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.

  
Sandra Connolly  
3/11/17

05/11/2017

  
Signature on file

05/11/2017

Surveyor: Sandra Connolly

Date

Facility Rep: Janeth Lucero

Date