

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Center Name:  |                 |                | <u> </u>                |  | K1                 |              |  | Dhores     |             |
|---|-----------------|----------------|-------------------------|--|--------------------|--------------|--|------------|-------------|
|   |                 |                |                         | Address:<br>106 East Circle  |                    |              |  | Phone:     |             |
| Janeth Lucero   |                 |                | Ruidoso Downs, NM 88346 |  |                    |              | (575)378-9                                     | 914U       |             |
| License Number:   | Issue Date:     | Expiratio      |                         | Туре:  |                    |              | tatus:   |            |             |
| 123805  | 08/1/2017       | 07/31/2018     | 3                       | 2 Star Gro   | up Child Care Home |              | icensed  |            |             |
| Capacity  |                 |                |                         |  |                    | Censu        |  |            |             |
| Over Age 2: 8   | Under Age 2:    | 4 Nig          | ht Care:                | 0 F  | Playground: 0      | Over 2       | 2: 1   | Un         | der 2: 2    |
| Days and Hours of   | Operation       |                |                         |  |                    |              |  |            |             |
| Monday <u>Tuesday</u><br>Opening Times: 07:00 AM 07:00 AM   |                 |                | Wednesday               | Vednesday         Thursday         Friday           07:00 AM         07:00 AM         07:00 AM |                    |              | <u>Saturday</u> <u>Sunday</u><br>Closed Closed |            |             |
| Closing Times   |                 |                |                         | 06:00 PM   | 06:00 PM           | 06:00 P      |  | Closed     | Closed      |
| # of Classrooms:  |                 | Purpose:       |                         |  | Date:              |              | Ti   | me:        |             |
| 1   |                 | Follow-up      |                         |  | 09/25/2017         |              | 11   | :30 AM     |             |
| Comments<br>Survey is a follow up to Annual Survey dated 5/11/2017<br>Primary and secondary caregivers are currently working on training hours<br>Fire drill for September 2017 must be completed before end of month |                 |                |                         |  |                    |              |  |            |             |
| Areas marked as N/A are not applicable to this follow up survey   |                 |                |                         |  |                    |              |  |            |             |
| A SUR   | VEY OF YOUR FAC | ILITY HAS BEEN |                         | YOU ARE NOTIFI   | ED OF NON-COMPLIAN | CE OF THE RE | GULATIONS                                      | AS NOTED B | ELOW:       |
|   |                 |                |                         | Lice   | nsure              |              |  |            |             |
| 8.16.2.31 A LICENSING REQUIREMENTS  |                 |                |                         |  |                    |              |  | N/A        |             |
| 8.16.2.31 B CAPACITY OF A HOME  |                 |                |                         |  |                    |              |  | N/A        |             |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS   |                 |                |                         |  |                    |              |  | N/A        |             |
|   |                 |                | А                       | dministrative  | Requirements       |              |  | ·          |             |
| 8.16.2.32 A ADMINI  | STRATIVE REC    | ORDS           |                         |  |                    |              |  |            | 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 CHILDF  | REN'S RECORD    | S              |                         |  |                    |              |  |            | N/A         |
| 8.16.2.32 E PERSONNEL RECORDS   |                 |                |                         |  |                    |              |  | Compliance |             |
| 8.16.2.32 F PERSO   | NNEL HANDBO     | ок             |                         |  |                    |              |  |            | N/A         |
|   |                 |                |                         | Personne   | I & Staffing       |              |  |            |             |
| 8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS   |                 |                |                         |  |                    |              |  | N/A        |             |
| 8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING   |                 |                |                         |  |                    |              |  | Compliance |             |
| Services & Care of Children   |                 |                |                         |  |                    |              |  |            |             |
| 8.16.2.34 A GUIDAI  | NCE             |                |                         |  |                    |              |  |            | N/A         |
| 8.16.2.34 B NAPS (  |                 | D              |                         |  |                    |              |  |            | N/A         |
| 8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS  |                 |                |                         |  |                    |              |  | N/A        |             |
| 8.16.2.34 D DIAPER  | RING AND TOILE  | ETING          |                         |  |                    |              |  |            | N/A         |
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Survey Report Form

| Center Name:   | License Number:      | Date:      |     |
|--|----------------------|------------|-----|
| Janeth Lucero  | 123805               | 09/25/2017 |     |
| Services   | s & Care of Children |            |     |
| 8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SI | N/A                  |            |     |
| 8.16.2.34 F NIGHT CARE                                   |                      | N/A        |     |
| 8.16.2.34 G PHYSICAL ENVIRONMENT                         |                      | N/A        |     |
| 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                                 |                      | Compliance |     |
| 8.16.2.34 K SWIMMING, WADING AND WATER                   |                      | N/A        |     |
| 8.16.2.34 L FIELD TRIPS                                  | N/A                  |            |     |
| F  | 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                  |            |     |
| Building   | s, 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                            | Compliance           |            |     |
| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLE | N/A                  |            |     |
| 8.16.2.38 I PETS   |                      |            | N/A |

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|---------------|-----------------|------------|
| Janeth Lucero | 123805          | 09/25/2017 |

 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.

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 09/25/2017

 Surveyor:Sandra Connolly

 Date

 Facility Rep:Filiberto Lucero

 Date

Survey Report Form