



Facility

Name: *Joanne Jaramillo* License Number: *69424*
Address: *1456 Gutierrez Rd., Bernalillo, NM 87004*
Phone: *5058671577* Fax: E-mail: *joannejaramillo93@gmail.com*

License Information

Type: *2 Star Group Child Care Home* Status: *Licensed* Issue Date: *06/13/2017* Expiration Date: *06/12/2018*

Capacity

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

Census

Over 2: *6* Under 2: *0*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>6:00 AM - 2:00 AM</i>	Tuesday <i>6:00 AM - 2:00 AM</i>	Wednesday <i>6:00 AM - 2:00 AM</i>	Thursday <i>6:00 AM - 2:00 AM</i>	Friday <i>6:00 AM - 2:00 AM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *04/10/2018* Time In: *9:30 AM* Time Out: *10:33 AM* Purpose: *Annual*

Licensure

8.16.2.31 A Licensing Requirements	<i>Not Inspected</i>
8.16.2.31 B Capacity of a Home	<i>Not Inspected</i>
8.16.2.31 C Incident Reporting Requirements	<i>Not Inspected</i>

Administrative Requirements

8.16.2.32 A Administrative Records	<i>Non-compliance</i>
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The licensee does not have on file the following: the current list of notifiable diseases and communicable diseases published by the office of epidemiology of the New Mexico department of health.

Corrective Action Plan

All required items will be on file for review.

(continued)

Date to be Completed: 05/10/2018

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****Non-compliance**

Of the 1 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.

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: 05/10/2018

8.16.2.32 E Personnel Records**Non-compliance**

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

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. Provider has fingerprint submission receipt. Provider will submit applicant written statement to BACU.

Date to be Completed: 05/10/2018

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.

Corrective Action Plan

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

Date to be Completed: 05/10/2018

8.16.2.32 F Personnel Handbook*Not Inspected***Personnel & Staffing****8.16.2.33 A Personnel and Staffing Requirements***Compliance*

Services & Care of Children *(continued)*

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 Not Inspected

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, Wadding and Water Not Inspected

8.16.2.34 L Field Trips Not Inspected

Food Service

8.16.2.35 B Meals and Snacks Compliance

8.16.2.35 C Menus **Non-compliance**

Weekly menus are not dated and posted in an area easily visible to parents, posted at least one week in advance.

Corrective Action Plan

A dated weekly menu will be posted in an area visible to parents. Menus shall be posted at least one week in advance, in a conspicuous place, for review by parents, educators and children.

Date to be Completed: 05/10/2018

8.16.2.35 D Kitchens Compliance

8.16.2.35 E Meal Times Compliance

Health & Safety Requirements

8.16.2.36 A Hygiene Compliance

8.16.2.36 B First Aid Requirements Compliance

8.16.2.36 C Medication N/A

8.16.2.36 D Illness and Notifiable Diseases Compliance

8.16.2.37 A-G Transportation Requirements for Homes Compliance

Buildings, Grounds & Safety**8.16.2.38 A Housekeeping****Non-compliance**

The premises are not in good repair as evidenced by the fencing under the front porch is detached.

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the home and premises will be established.

Date to be Completed: 05/10/2018

8.16.2.38 B Pest Control**Compliance****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****Compliance****8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances****Compliance****8.16.2.38 I Pets****Non-compliance**

The home does not have a record of inoculations for a pet dog in the home.

Corrective Action Plan

An inoculation record will be obtained and kept on file for future review.

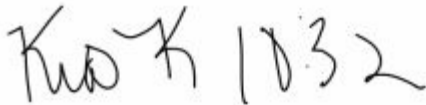
Date to be Completed: 05/10/2018

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: Kia Kennedy



Facility Representative: Joanne Jaramillo

