



Facility

Name: *Krishna Garcia* License Number: *160408*
 Address: *324 S. 13th Ave., Raton, NM 87740*
 Phone: *5052493048* Fax: E-mail: *KrishnaGarcia@live.com*

License Information

Type: *3 Star FOCUS Group Child Care Home* Status: *Licensed* Issue Date: *04/26/2018* Expiration Date: *10/19/2018*

Capacity

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

Census

Over 2: *1* Under 2: *7*

Classrooms

Number of Classrooms: *2*

Days and Hours of Operation

Monday <i>7:45 AM - 5:15 PM</i>	Tuesday <i>7:45 AM - 5:15 PM</i>	Wednesday <i>7:45 AM - 5:15 PM</i>	Thursday <i>7:45 AM - 5:15 PM</i>	Friday <i>7:45 AM - 5:15 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *07/13/2018* Time In: *10:55 AM* Time Out: *12:20 PM* Purpose: *Annual*

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 *Compliance*
 8.16.2.32 C Parent Handbook *Compliance*

Administrative Requirements *(continued)*

8.16.2.32 D Children's Records

Non-compliance

Of the 10 children's records reviewed, 3 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.

Regulation: 8.16.2.32.D.1.e.

Date to be Completed: 08/12/2018

Of the 10 children's records reviewed, 1 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 8.16.2.32 form for the child(ren) with missing information.

Corrective Action Plan

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

Regulation: 8.16.2.32.D.2.b.

Date to be Completed: 08/12/2018

Of the 10 children's records reviewed, 3 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.32 form for the child(ren) with missing information.

Corrective Action Plan

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

Regulation: 8.16.2.32.D.2.c.

Date to be Completed: 08/12/2018

8.16.2.32 E Personnel Records

Compliance

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

Services & Care of Children (*continued*)

8.16.2.34 B Naps or Rest Period	<i>Not Inspected</i>
8.16.2.34 C Additional Requirements for Infants and Toddlers	<i>Compliance</i>
8.16.2.34 D Diapering and Toileting	<i>Compliance</i>
8.16.2.34 E Additional Requirements for Children with Special Needs	<i>Compliance</i>
8.16.2.34 F Night Care	<i>N/A</i>
8.16.2.34 G Physical Environment	<i>Compliance</i>
8.16.2.34 H Social-Emotional Responsive Environment	<i>Compliance</i>
8.16.2.34 I Equipment and Program	<i>Compliance</i>
8.16.2.34 J Outdoor Play	<i>Compliance</i>
8.16.2.34 K Swimming, Wadding and Water	<i>N/A</i>
8.16.2.34 L Field Trips	<i>Compliance</i>

Food Service

8.16.2.35 B Meals and Snacks	<i>Compliance</i>
8.16.2.35 C Menus	<i>Compliance</i>
8.16.2.35 D Kitchens	<i>Non-compliance</i>

The home's [] does not have a working internal thermometer.

Thermometer is marking unsafe for stand alone freezer.

Corrective Action Plan

A working internal thermometer will be obtained.

Regulation: 8.16.2.35.D.7.

Date to be Completed: 08/12/2018

A food, leftover, drink is not properly stored; the item is not labeled and dated.

Corrective Action Plan

Proper food storage practices will be implemented.

Regulation: 8.16.2.35.D.4.

Date to be Completed: 08/12/2018

8.16.2.35 E Meal Times	<i>Compliance</i>
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Health & Safety Requirements

8.16.2.36 A Hygiene	<i>Compliance</i>
8.16.2.36 B First Aid Requirements	<i>Compliance</i>

Health & Safety Requirements (*continued*)

8.16.2.36 C Medication	<i>Compliance</i>
8.16.2.36 D Illness and Notifiable Diseases	<i>Compliance</i>
8.16.2.37 A-G Transportation Requirements for Homes	<i>N/A</i>

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	<i>Non-compliance</i>
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Toys and equipment for the infants are not disinfected daily.

Corrective Action Plan

Toys and equipment will be disinfected daily.

Regulation: 8.16.2.38.A.1.

Date to be Completed: 08/12/2018

The toys, equipment in the playground are not clean/disinfected as evidenced by toys have a heavy accumulation of dirt and grime.

Corrective Action Plan

Cleaning will be completed and a schedule for routine cleaning will be established.

Regulation: 8.16.2.38.A.1.

Date to be Completed: 08/12/2018

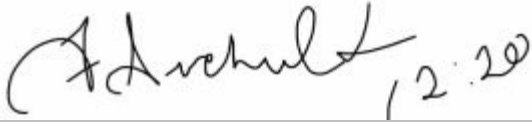
8.16.2.38 B Pest Control	<i>Compliance</i>
8.16.2.38 C Mechanical Systems	<i>Compliance</i>
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	<i>Compliance</i>
8.16.2.38 E Exits	<i>Compliance</i>
8.16.2.38 F Toilet and Bathing Facilities:	<i>Compliance</i>
8.16.2.38 G Safety Compliance	<i>Compliance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

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: *Franchesca Archuleta*



Facility Representative: *Darlene Martinez*