

| Center Name: Krisha Garcia  |               |            | Address:<br>324 S. 13th<br>Raton, NM              | n Ave.          |                 |            |            | Phone: (505)249-3 | 048           |
|-----------------------------|---------------|------------|---|-----------------|-----------------|------------|------------|-------------------|---------------|
| License Number:             | Issue Date:   | Expiration | Date:   | Type:           |                 |            | Status:    | -                 |               |
| 160408                      | 10/20/2016    | 10/19/2017 | 0/19/2017 2 Star + Group Child Care Home Licensed |                 |                 |            |            |                   |               |
| Capacity                    |               |            |   | •               |                 | Cei        | nsus       |                   |               |
| Over Age 2: 8               | Under Age 2:  | 4 Night    | Care:   | 0 F             | layground: 0    | Ove        | er 2: 8    | Unc               | der 2: 2      |
| Days and Hours of Operation |               |            |   |                 |                 |            |            |                   |               |
|                             | <u>Monday</u> | Tuesda     | ı <u>y</u> W                                      | <u>ednesday</u> | <u>Thursday</u> | <u>Fri</u> | <u>day</u> | <u>Saturday</u>   | <u>Sunday</u> |
| Opening Times               | : 07:45 AM    | 07:45 A    | M (   | 07:45 AM        | 07:45 AM        | 07:4       | 5 AM       | Closed            | Closed        |
| Closing Times               | : 05:15 PM    | 05:15 P    | М (   | 05:15 PM        | 05:15 PM        | 05:1       | 5 PM       |                   |               |
| # of Classrooms:            |               | Purpose:   |   |                 | Date:           |            | Т          | ime:              |               |
| 2                           |               | Annual     |   |                 | 07/11/2017      |            | 1          | 1:00 AM           |               |
| Comments                    |               |            |   |                 |                 |            |            |                   |               |

| Licensure  |               |
|--|---------------|
| 8.16.2.31 A LICENSING REQUIREMENTS   | Compliand     |
| 8.16.2.31 B CAPACITY OF A HOME   | Complianc     |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS  | Compliand     |
| Administrative Requirements  |               |
| 8.16.2.32 A ADMINISTRATIVE RECORDS   | Compliand     |
| 8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT   | Compliand     |
| 8.16.2.32 C PARENT HANDBOOK  | Compliand     |
| 8.16.2.32 D CHILDREN'S RECORDS   | Non-compliand |
| Deficiencies  Of the 15 children's records reviewed, 2 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.  Regulation: 8.16.2.32D(2)(c)  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: 08/11/2017 |               |
| 8.16.2.32 E PERSONNEL RECORDS  | Non-complian  |

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# **Administrative Requirements**

### **Deficiencies**

The home does not have documentation of a background check within 5 years for care giver(s).

**Regulation:** 8.16.2.32E(1)

# **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.

Date to be Completed: 08/11/2017

| Date to be Completed: 08/11/2017  |                |  |  |  |
|---|----------------|--|--|--|
| 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   | Non-compliance |  |  |  |
| <u>Deficiencies</u>   |                |  |  |  |
| Educators did not complete the following training within 3-months: Health and Safety      |                |  |  |  |
| Training  Regulation: 8.16.2.33B(1)   |                |  |  |  |
| Corrective Action Plan  |                |  |  |  |
| All educators, regardless of the number of hours per week, will complete the above listed |                |  |  |  |
| training.   |                |  |  |  |
| Date to be Completed: 08/11/2017  |                |  |  |  |
| 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  | N/A            |  |  |  |
| 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, WADING 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 |  |  |  |
|   |                |  |  |  |
|   |                |  |  |  |
|   |                |  |  |  |

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### **Food Service**

# **Deficiencies**

Weekly menus are not dated and posted in an area easily visible to parents .

**Regulation:** 8.16.2.35C(1)

# **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: 08/11/2017

| Date to be Completed. 00/11/2017   |                |
|--|----------------|
| 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   | Compliance     |
| 8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES  | Compliance     |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES  | Not Inspected  |
| Buildings, Grounds & Safety  |                |
| 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  | Non-compliance |
| <u>Deficiencies</u>  |                |
| The home makes use of a common towel or wash cloth for children.                               |                |
| <b>Regulation:</b> 8.16.2.38F(1)   |                |
| Corrective Action Plan   |                |
| The use of a common towel or wash cloth will be discontinued.                                  |                |
| Date to be Completed: 08/11/2017   |                |
| 8.16.2.38 G SAFETY COMPLIANCE  | Non-compliance |
| <u>Deficiencies</u>  |                |
| The home failed to conduct a fire drill for the month(s) of February; March; April; May; June. |                |
| <b>Regulation</b> : 8.16.2.38G(3)  |                |
| Corrective Action Plan   |                |
| A monthly fire drill will be held and recorded.  |                |
| Date to be Completed: 08/11/2017   |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |

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 Krisha Garcia
 160408
 07/11/2017

### **Buildings, Grounds & Safety**

#### **Deficiencies**

The home failed to conduct an emergency preparedness practice drills for at least once a quarter.

**Regulation:** 8.16.2.38 G(3)

#### **Corrective Action Plan**

A home will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.

Date to be Completed: 08/11/2017

#### **Deficiencies**

The home's fire extinguisher does not have a tag with a date verifying yearly inspection.

**Regulation:** 8.16.2.38G(2)

# **Corrective Action Plan**

The fire extinguisher will be inspected and have an official tag noting the date of inspection .

Date to be Completed: 08/11/2017

| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES | Compliance    |
|---|---------------|
| 8.16.2.38   PETS  | Not Inspected |

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.

07/11/2017

07/11/2017

Surveyor:Dion Ortega

Date

Facility Rep:Krisha Garcia

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Date