

<b>Center Name:</b> LAURA BAROS		<b>Address:</b> 1711 W 17TH LANE PORTALES, NM 881300000			<b>Phone:</b> (575)356-1017		
<b>License Number:</b> 10261	<b>Issue Date:</b> 05/1/2016	<b>Expiration Date:</b> 04/30/2017	<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:	2	Under 2:	1		
<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:	06:30	06:30	06:30	06:30	06:30	Closed	Closed
Closing Times:	06:00 P	06:00 P	06:00 P	06:00 P	06:00 P		
<b># of Classrooms:</b> 2	<b>Purpose:</b> Annual		<b>Date:</b> 03/06/2017		<b>Time:</b> 10:10 AM		
<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	Compliance
8.16.2.32 C PARENT HANDBOOK	Compliance
8.16.2.32 D CHILDREN'S RECORDS	Compliance
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  <u>Deficiencies</u> From the review of staff records, it was determined that 1 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.  Regulation: 8.16.2.33B(3)  <u>Corrective Action Plan</u> Annual training will be completed as required and documentation retained on file.  Date to be Completed: 04/06/2017	Non-compliance
Services & Care of Children	

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<b>Services &amp; Care of Children</b>		
8.16.2.34 A GUIDANCE		Compliance
8.16.2.34 B NAPS OR REST PERIOD		Not Inspected
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		N/A
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, WADING AND WATER		Not Inspected
8.16.2.34 L FIELD TRIPS		Not Inspected
<b>Food Service</b>		
8.16.2.35 B MEALS AND SNACKS		Compliance
8.16.2.35 C MENUS		Compliance
8.16.2.35 D KITCHENS		Compliance
8.16.2.35 E MEAL TIMES		Compliance
<b>Health &amp; Safety Requirements</b>		
8.16.2.36 A HYGIENE		Compliance
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		N/A
<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		Non-compliance

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<b>Buildings, Grounds &amp; Safety</b>		
<p><b>Deficiencies</b> The home's fire extinguisher does not have a tag with a date verifying yearly inspection. <b>Regulation:</b> 8.16.2.38G(2)</p> <p><b>Corrective Action Plan</b> The fire extinguisher will be inspected and have an official tag noting the date of inspection . <b>Date to be Completed:</b> 04/06/2017</p>		
<b>8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>		Compliance
<p><b>8.16.2.38 I PETS</b></p> <p><b>Deficiencies</b> The home does not have a record of inoculations for a pet dog in the home. <b>Regulation:</b> 8.16.2.38I(2)</p> <p><b>Corrective Action Plan</b> An inoculation record will be obtained and kept on file for future review. <b>Date to be Completed:</b> 04/06/2017</p>		Non-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.**

*Susie Aragon*  
17:40

03/06/2017

*Laura Baros*

03/06/2017

Surveyor: Susie Aragon	Date	Facility Rep: Laura Baros	Date
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