Center Name: LAURA BAROS			Address: 1711 W 17TH LANE PORTALES, NM 881300000					Phone: (575)356-1017		
License Number:	Issue Date:	Expiration I	Date:	Туре:			Status:			
10261	05/1/2017	04/30/2018		2 Star Grou	p Child Care Home		Licensed			
Capacity				•		Cei	nsus			
Over Age 2: 8	Under Age 2:	4 Night	Care:	0 Pl	ayground: 0	Ove	er 2:	5	Under 2:	1
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>	Saturo	day	<u>Sunday</u>
Opening Times	Closed	Closed	l	Closed	Closed	Closed		Close	ed	Closed
Closing Times:										
# of Classrooms: Purpose:		urpose:	Date:		Date:	Т		Time:	ime:	
1	0	ther			06/01/2017			03:45 PM		
Comments Visit to deliver Condition of Operation letter and review concerns addressed in letter and cited below.										

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 Non-compliance **Deficiencies** The licensing authority may revoke, suspend, or restrict a license, reduce star status, deny an initial or renewal application, impose monetary sanctions pursuant to 7.1.8 NMAC, put in place conditions of operation, impose other sanctions or requirements against a licensee, or reduce to a base level of child care assistance reimbursement a licensee who is in receipt of a higher level of child care assistance reimbursement, for any of the following: (1) Violation of any provision of these regulations, especially when the licensing authority has reason to believe that the health, safety or welfare of a child is at risk, or has reason to believe that the licensee cannot reasonably safeguard the health and/or safety of children. **Regulation:** 8.16.2.12 A (1) **Corrective Action Plan** The provider will obtain a qualified second caregiver and follow the conditions outlined in the conditions of operation letter. Date to be Completed: 06/15/2017 **Deficiencies** The licensing authority may revoke, suspend, or restrict a license, reduce star status, deny an initial or renewal application, impose monetary sanctions pursuant to 7.1.8 NMAC, put in place conditions of operation, impose other sanctions or requirements against a licensee, or reduce to a base level of child care assistance reimbursement a licensee who is in receipt of a higher level of child care assistance reimbursement, for any of the following: (3) Misreprestation or falsification of any information on an application form or any other form or record required by the licensing authority. Regulation: 8.16.2.12 A (3) **Corrective Action Plan** The provider will not present documents that cannot be verified which results in a misrepresentation or falsification of any records or documents and will follow the conditions outlined in the conditions of operation letter. Date to be Completed: 06/15/2017 8.16.2.31 B CAPACITY OF A HOME N/A 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS N/A

Survey Report Form Page 1 of 3

Center Name:		License Number:	Date:		
LAURA BAROS		10261	06/01/2017	06/01/2017	
	Administrative Red	quirements			
8.16.2.32 A ADMINISTRATIVE RECORDS				N/A	
8.16.2.32 B MISSION, PHILOSOPHY AND CURRIC	CULUM STATEMENT			N/A	
8.16.2.32 C PARENT HANDBOOK				N/A	
8.16.2.32 D CHILDREN'S RECORDS				N/A	
8.16.2.32 E PERSONNEL RECORDS				N/A	
8.16.2.32 F PERSONNEL HANDBOOK	N/A				
	Personnel & S	taffing			
8.16.2.33 A PERSONNEL AND STAFFING REQUIR	REMENTS			N/A	
8.16.2.33 B STAFF QUALIFICATIONS AND TRAIN	ING			N/A	
	Services & Care o	f Children			
8.16.2.34 A GUIDANCE				N/A	
8.16.2.34 B NAPS OR REST PERIOD				N/A	
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR IN	NFANTS AND TODDLERS			N/A	
8.16.2.34 D DIAPERING AND TOILETING				N/A	
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS				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				N/A	
8.16.2.34 K SWIMMING, WADING AND WATER				N/A	
8.16.2.34 L FIELD TRIPS				N/A	
	Food Serv	ice			
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 Re	quirements			
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	
	Buildings, Ground	s & Safety			
8.16.2.38 A HOUSEKEEPING		o a outory		N/A	

Survey Report Form Page 2 of 3

Center Name:	License Number:	Date:	Date:				
LAURA BAROS	10261	06/01/2017					
Buildings, Grounds & Safety							
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			N/A				
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	N/A						
8.16.2.38 I PETS			N/A				

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.

06/01/2017

אבעא

06/01/2017

Date

Surveyor:Susie Aragon

Date

Facility Rep:Laura Baros

Page 3 of 3