

Center Name: La Vida Felicidad Inc.		Address: 530 Sun Ranch Village Rd Los Lunas, NM 87031			Phone: (505)865-4651		
License Number: 94693	Issue Date: 08/15/2016	Expiration Date: 08/14/2017	Type: 4 Star Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	58	Under Age 2:	12	Night Care:	0	Playground:	70
		Over 2:	18	Under 2:	5		
Days and Hours of Operation							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:00 AM	07:00 AM	07:00 AM	07:00 AM	07:00 AM	Closed	Closed
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM		
# of Classrooms: 4	Purpose: Annual		Date: 06/05/2017		Time: 09:00 AM		
Comments							

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

Licensure	
8.16.2.11 A TYPES OF LICENSES	Not Inspected
8.16.2.11 B RENEWAL OF LICENSE	Not Inspected
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspected
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspected
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Not Inspected
8.16.2.18 D COMPLAINTS	Not Inspected
8.16.2.21 A LICENSING REQUIREMENTS <u>Deficiencies</u> The licensee did not obtain background checks on all staff members , educators, volunteers, and prospective staff as per the requirements outlined in the department's most current version of the Background Check and Employment History Verification provisions . 3 of 9 staff are not background checked every 5 years Regulation: 8.16.2.21A(2) <u>Corrective Action Plan</u> The licensee will obtain background checks on all staff members , volunteers, and prospective staff. A request for a background check must be submitted prior to a staff member's employment. A background check must be conducted in accordance with 8.8.3 NMAC at least once every five years on all required individuals. Date to be Completed: 07/05/2017	Non-compliance
8.16.2.21 B CAPACITY OF CENTERS	Non-compliance

Center Name: La Vida Felicidad Inc.	License Number: 94693	Date: 06/05/2017
Licensure		
<p><u>Deficiencies</u> The center failed to post the maximum capacity of the playground on the doors to the playground in the Pre-K room. Regulation: 8.16.2.21B(3)(b)</p> <p><u>Corrective Action Plan</u> The center will post the maximum capacity of the playground on the doors to the playground. Date to be Completed: 07/05/2017</p>		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected	
Administrative Requirements		
<p>8.16.2.22 A ADMINISTRATION RECORDS</p> <p><u>Deficiencies</u> The center failed to display in a prominent place that is readily visible to parents, staff and visitors the guidance policy. Regulation: 8.16.2.22A</p> <p><u>Corrective Action Plan</u> The center will post the missing item. Date to be Completed: 07/05/2017</p>	Non-compliance	
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance	
8.16.2.22 C POLICY AND PROCEDURES	Compliance	
8.16.2.22 D FAMILY HANDBOOK	Compliance	
8.16.2.22 E CHILDREN'S RECORDS	Compliance	
<p>8.16.2.22 F PERSONNEL RECORDS</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 2 staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed. Regulation: 8.16.2.22F(1)(P)</p> <p><u>Corrective Action Plan</u> The center will have staff complete the required acknowledgement and will retain on file. Date to be Completed: 07/05/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 9 staff records does/do not include dates of hire and termination. See Staff Records 8.16.2.22 form for staff with this missing information. Regulation: 8.16.2.22F(1)(d)</p> <p><u>Corrective Action Plan</u> The center will add dates of hire and termination to the record. Date to be Completed: 07/05/2017</p>	Non-compliance	

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Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 1 out of 9 staff records does/do not include signed acknowledgement that the personnel handbook had been read and understood. See Staff Records 8.16.2.22 form for staff who need to complete the acknowledgement.

Regulation: 8.16.2.22F(1)(o)

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file .

Date to be Completed: 07/05/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 9 staff records does/do not include a professional development plan based on seven areas of competency. See Staff Records 8.16.2.22 form for staff who need a current plan.

Regulation: 8.16.2.22F(1)(n)

Corrective Action Plan

The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file.

Date to be Completed: 07/05/2017

Deficiencies

The center failed to have 5 out of 9 person(s) providing care to sign an annual statement that they have, or have never had, an arrest or substantiated referral to a child protective services agency. See Staff Records 8.16.2.22 form for staff with this missing information.

Regulation: 8.16.2.22F(1)(f)

Corrective Action Plan

The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction.

Date to be Completed: 07/05/2017

8.16.2.22 G PERSONNEL HANDBOOK	Compliance
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Personnel & Staffing

8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance
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<p>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</p> <p><u>Deficiencies</u></p> <p>From the review of staff records, it was determined that 2 out of 9 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation.</p> <p>Regulation: 8.16.2.23B(2)(a)</p> <p><u>Corrective Action Plan</u></p> <p>Orientation will be completed and documented for staff noted ; in the future, orientation will be completed prior to time staff begin working with children .</p> <p>Date to be Completed: 07/05/2017</p>	Non-compliance
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Center Name: La Vida Felicidad Inc.	License Number: 94693	Date: 06/05/2017
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Personnel & Staffing

Deficiencies

Educators did not complete the following training within 3-months: first aid and cardiopulmonary resuscitation (CPR) certification, 1 of 9 staff

Regulation: 8.16.2.23B(2)(b)

Corrective Action Plan

All educators, regardless of the number of hours per week, will complete the above listed training.

The following staff members need to complete the required training:

Date to be Completed: 07/05/2017

Deficiencies

Educators did not complete the following training within 3-months: Health and Safety Training, 6 of 9 staff

Regulation: 8.16.2.23B(2)(b)

Corrective Action Plan

All educators, regardless of the number of hours per week, will complete the above listed training.

The following staff members need to complete the required training:

Date to be Completed: 07/05/2017

8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Compliance
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Services & Care of Children

8.16.2.24 A GUIDANCE	Compliance
8.16.2.24 B NAPS OR REST PERIOD	Compliance
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliance
8.16.2.24 D DIAPERING AND TOILETING	Compliance
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Compliance
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE	N/A
8.16.2.24 G PHYSICAL ENVIRONMENT	Compliance
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT	Compliance
8.16.2.24 I EQUIPMENT AND PROGRAM	Compliance
8.16.2.24 J OUTDOOR PLAY AREAS	Compliance
8.16.2.24 K SWIMMING, WADING AND WATER	N/A
8.16.2.24 L FIELD TRIPS	Not Inspected

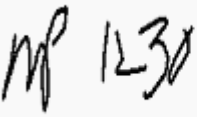
Food Service

8.16.2.25 B MEALS AND SNACKS	Compliance
8.16.2.25 C MENUS	Compliance
8.16.2.25 D KITCHENS	Non-compliance

Center Name: La Vida Felicidad Inc.	License Number: 94693	Date: 06/05/2017
Food Service		
<p><u>Deficiencies</u> The freezer in the kitchen does not keep frozen food at 0 degrees (Fahrenheit) or below. Freezer was marking 10 degrees Regulation: 8.16.2.25D(6)</p> <p><u>Corrective Action Plan</u> The center will have the freezer serviced. Date to be Completed: 07/05/2017</p>		
8.16.2.25 E MEAL TIMES	Compliance	
Health & Safety Requirements		
8.16.2.26 A HYGIENE	Compliance	
8.16.2.26 B FIRST AID REQUIREMENTS	Compliance	
8.16.2.26 C MEDICATION	Compliance	
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	Compliance	
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	N/A	
Buildings, Grounds & Safety		
<p>8.16.2.29 A HOUSEKEEPING</p> <p><u>Deficiencies</u> The premises in the infant room are not safe in that the radio cord is not secure and accessible to children. Regulation: 8.16.2.29A(1)</p> <p><u>Corrective Action Plan</u> The safety violation will be corrected and a system for routine safety inspection developed. Date to be Completed: 07/05/2017</p>	Non-compliance	
8.16.2.29 B PEST CONTROL	Compliance	
8.16.2.29 C MECHANICAL SYSTEMS	Compliance	
8.16.2.29 D WATER AND WASTE	Compliance	
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL	Compliance	
<p>8.16.2.29 F EXITS AND WINDOWS</p> <p><u>Deficiencies</u> Exits are not marked with signs having letters at least six inches high and 3/4 inch wide in the 4 yr. old class room(s). Interior Regulation: 8.16.2.29F(2)(a)</p> <p><u>Corrective Action Plan</u> Exit signs that meet requirements will be placed at all exits. Date to be Completed: 07/05/2017</p>	Non-compliance	
8.16.2.29 G TOILET AND BATHING FACILITIES	Non-compliance	

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Buildings, Grounds & Safety		
<p><u>Deficiencies</u> The toilet room for Combination Class classroom(s) is missing soap. Regulation: 8.16.2.29G(2)</p> <p><u>Corrective Action Plan</u> The toilet room will be restocked and a routine established to monitor all toilet rooms for adequate supplies. Date to be Completed: 07/05/2017</p>		
<p>8.16.2.29 H SAFETY COMPLIANCE</p> <p><u>Deficiencies</u> The center failed to conduct an emergency preparedness practice drills for at least once a quarter. Regulation: 8.16.2.29H(1)</p> <p><u>Corrective Action Plan</u> A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year. Date to be Completed: 07/05/2017</p>		Non-compliance
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES		Compliance
8.16.2.29 J 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.



06/05/2017



06/05/2017

Surveyor: Mark Prizzi	Date	Facility Rep: Clarissa Franco	Date
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