

Center Name: Linda Munoz			Address: 2431 Mares Rd. SW Albuquerque, NM 87105				Phone: (505)252-0.	Phone: (505)252-0282	
License Number:	Issue Date:	Expiration I	Date: Type: Status:						
140052	01/14/2017	01/13/2018	01/13/2018 2 Star + Family Child Care Home Licensed						
Capacity						Cei	nsus		
Over Age 2: 3	Under Age 2:	2 Night	Care: 0	Pla	ayground: 0	Ove	er 2: 1	Und	der 2: 1
Days and Hours of 0	Operation					-			
	Monday	Tuesda	<u>wedr</u>	<u>iesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturday	<u>Sunday</u>
Opening Times:	6:	6:	(3:	6:	(6:	Closed	Closed
Closing Times:	05:00 PM	05:00 PI	M 05:0	0 PM	05:00 PM	05:0	0 PM		
# of Classrooms:		Purpose:			Date:		1	ime:	
1		Annual			11/07/2017		1	2:20 PM	
Comments									

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED	BELOW:			
Licensure				
8.16.2.31 A LICENSING REQUIREMENTS	N/A			
8.16.2.31 B CAPACITY OF A HOME	Compliance			
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	N/A			
Administrative Requirements				
8.16.2.32 A ADMINISTRATIVE RECORDS	Compliance			
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected			
8.16.2.32 C PARENT HANDBOOK	Not Inspected			
8.16.2.32 D CHILDREN'S RECORDS	Non-compliance			
Deficiencies Of the 6 children's records reviewed, 2 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. Regulation: 8.16.2.32D(1)(e) 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: 12/07/2017				
8.16.2.32 E PERSONNEL RECORDS	Compliance			
8.16.2.32 F PERSONNEL HANDBOOK	Not Inspected			
Personnel & Staffing				
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance			
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Non-compliance			

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Center Name:	License Number:	Date:
Linda Munoz	140052	11/07/2017

Personnel & Staffing

Deficiencies

The home failed to keep a training log on file with date of training; clock hours; competency area; source of training; training certificate for 1 out of 1 staff. See Staff Records 8.16.2.32 form for staff who are missing a complete training log.

Regulation: 8.16.2.33B(2)

Corrective Action Plan

A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificates.

Date to be Completed: 12/07/2017

Services & Care of Children	
3.16.2.34 A GUIDANCE	Compliano
3.16.2.34 B NAPS OR REST PERIOD	Complianc
3.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliand
3.16.2.34 D DIAPERING AND TOILETING	Compliano
3.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Complianc
3.16.2.34 F NIGHT CARE	N/
3.16.2.34 G PHYSICAL ENVIRONMENT	Complianc
3.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT	Complianc
3.16.2.34 I EQUIPMENT AND PROGRAM	Complianc
3.16.2.34 J OUTDOOR PLAY	Compliano
3.16.2.34 K SWIMMING, WADING AND WATER	N/.
3.16.2.34 L FIELD TRIPS	N/.
Food Service	
3.16.2.35 B MEALS AND SNACKS	Complianc
3.16.2.35 C MENUS	Non-complianc
<u>Deficiencies</u>	
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: 12/07/2017	
3.16.2.35 D KITCHENS	Compliano
3.16.2.35 E MEAL TIMES	Compliano
Health & Safety Requirements	
3.16.2.36 A HYGIENE	Compliano
5. 10.2.30 A FT GIENE	· '

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Center Name:	License Number:	Date:	
Linda Munoz	140052	11/07/2017	
Healt	h & Safety Requirements		
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 HOMI	ES		N/A
Build	dings, Grounds & Safety		
8.16.2.38 A HOUSEKEEPING			Compliance
<u>Deficiencies</u>			
The premises are not in good repair as evidenced by sha	ade awning is torn and not secured.		
Regulation: 8.16.2.38A(1)			
Corrective Action Plan			
Repairs will be completed and a system for routine inspe	ection of the home and premises will		
be established.			
Date to be Completed: 12/07/2017			
8.16.2.38 B PEST CONTROL			Compliance
8.16.2.38 C MECHANICAL SYSTEMS			Compliance
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICA	L		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
<u>Deficiencies</u>			
The home failed to conduct a fire drill for the month(s) of	October.		
Regulation: 8.16.2.38G(3)			
Corrective Action Plan			
A monthly fire drill will be held and recorded.			
Date to be Completed: 12/07/2017			
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES,	ILLEGAL DRUGS AND CONTROLLED SUB-	STANCES	Compliance
8.16.2.38 PETS			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.

11/07/2017

11/07/2017

Surveyor:Helen Waldorf

Date

Facility Rep:Linda Munoz

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Date